Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 1 of 85

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Robert First name G. Middle name Annable Last name and Suffix (Sr., Jr., II, III)	Donna First name M. Middle name Annable Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4796	xxx-xx-8051

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 2 of 85

Debtor 1 Robert G. Annable Debtor 2 Donna M. Annable

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	35 Reed St.	If Debtor 2 lives at a different address:		
		Marcellus, NY 13108 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Onondaga			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	 Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) 		

Deb	otor 2 Donna M. Annable		Case number (if known)					
Par	t 2: Tell the Court About	our Bankruptcy C	ase					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		☐ Chapter 13						
8.	How you will pay the fee	about how y order. If you a pre-printed	ou may pay. Typically, if you are presented in a submitting your paymed address.	lerk's office in your local court for more details may pay with cash, cashier's check, or money orney may pay with a credit card or check with				
		☐ I need to pa	by the fee in installments. If you see in Installments (Official Form 1	choose this option, sign and 03A).	I attach the Application for Individuals to Pay			
		☐ I request the but is not rec	at my fee be waived (You may required to, waive your fee, and may	equest this option only if you y do so only if your income i	are filing for Chapter 7. By law, a judge may, s less than 150% of the official poverty line that its). If you choose this option, you must fill out			
		the Applicat	ion to Have the Chapter 7 Filing F	Fee Waived (Official Form 10	03B) and file it with your petition.			
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.	1	A ()	Once and an			
		District		Vhen Vhen	Case number			
		District District		When	Case number Case number			
		District	v		Case Humber			
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
		Debtor			Relationship to you			
		District	V	Vhen	Case number, if known			
		Debtor			Relationship to you			
		District	V	Vhen	Case number, if known			
11.	Do you rent your residence?	■ No. Go to	line 12.					
		☐ Yes. Has y	our landlord obtained an eviction	judgment against you?				
			No. Go to line 12.					
			Yes. Fill out <i>Initial Statement All</i> bankruptcy petition.	bout an Eviction Judgment A	Against You (Form 101A) and file it with this			

Deb	tor 2 Donna M. Annabl	е			Case number (if known)		
Par	Report About Any Bu	ısinesses	You Owr	ո as a Sole Proprie	tor		
	Are you a sole proprietor of any full- or part-time	■ No.		Part 4.			
	business?						
		☐ Yes.	Name	e and location of bus	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	oer, Street, City, Stat	te & ZIP Code		
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:		
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))		
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))		
				None of the above	e		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am ı	not filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	· Have Any	/ Hazardo	ous Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any property that poses or is	■ No.					
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?			
	<u> </u>				Number, Street, City, State & Zip Code		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 5 of 85

Debtor 1 Robert G. Annable

Debtor 2 Donna M. Annable

Case number (if known)

Part 5: Explain Your

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

] Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 2 Donna M. Annable	•			Case ni	umber (if known)	
Part	6: Answer These Questi	ions for Re	porting Purposes				
16.	What kind of debts do you have?		Are your debts primarily co			e defined in 11 U.S.C. §	101(8) as "incurred by an
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
			Are your debts primarily be money for a business or inve				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you o	owe that are not consum	ner debts or bu	usiness debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	r 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses	— 165.	I am filing under Chapter 7. I are paid that funds will be av ■ No				d administrative expenses
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes				
18.	How many Creditors do you estimate that you owe?	□ 1-49 ■ 50-99		☐ 1,000-5,000 ☐ 5001-10,000		☐ 25,001-50 ☐ 50,001-10	00,000
		☐ 100-19 ☐ 200-99		☐ 10,001-25,00	J0	☐ More than	1100,000
19.	How much do you estimate your assets to	□ \$0 - \$5		\$1,000,001 -			,001 - \$1 billion
	be worth?		1 - \$100,000 01 - \$500,000	□ \$10,000,001 □ \$50,000,001			00,001 - \$10 billion 000,001 - \$50 billion
			01 - \$500,000 01 - \$1 million	□ \$100,000,00			·
20.	How much do you estimate your liabilities	\$0 - \$5		□ \$1,000,001 -		• •	,001 - \$1 billion
	to be?		1 - \$100,000 01 - \$500,000	□ \$10,000,001 □ \$50,000,001			00,001 - \$10 billion 000,001 - \$50 billion
			01 - \$1 million	\$100,000,00			
Part	7: Sign Below						
For	you	I have exa	mined this petition, and I ded	clare under penalty of p	erjury that the	information provided is t	rue and correct.
			nosen to file under Chapter 7 tes Code. I understand the r				
			ney represents me and I did I I have obtained and read th				lp me fill out this
		I request r	elief in accordance with the	chapter of title 11, Unite	ed States Code	, specified in this petition	n.
			nd making a false statement case can result in fines up				
			rt G. Annable		/s/ Donna M		
			i. Annable of Debtor 1		Donna M. A Signature of D		
		Executed			Executed on	March 12, 2018	
			MM / DD / YYYY			MM / DD / YYYY	

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main

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Debtor 1 Debtor 2	Robert G. Annable Donna M. Annable	e	3	se number (if known)	
•	attorney, if you are led by one	I, the attorney for the debtor(s) named in under Chapter 7, 11, 12, or 13 of title 11, for which the person is eligible. I also cer	United States Code, and have	explained the relief availab	le under each chapter
•	not represented by ey, you do not need s page.	and, in a case in which § 707(b)(4)(D) appschedules filed with the petition is incorre	olies, certify that I have no know		
		/s/ Peter C Schaefer, Esq.	Date	March 12, 2018	
		Signature of Attorney for Debtor		MM / DD / YYYY	
		Pater C Schaefer Esg 510000 New	y Vork		

Peter C. Schaefer, Esq.

Firm name

313 East Willow Street

Suite 105

Syracuse, NY 13203-1905 Number, Street, City, State & ZIP Code

Email address

510900 New York

Bar number & State

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main

Fill in this infor	mation to identify your	case:		
Debtor 1	Robert G. Annab	le		
	First Name	Middle Name	Last Name	
Debtor 2	Donna M. Annabl	le		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF NEW YORK	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		V	
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	145,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	128,945.30
	1c. Copy line 63, Total of all property on Schedule A/B	\$	273,945.30
Pa	rt 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	146,271.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	65,415.18
	Your total liabilities	\$	211,686.18
Pa	Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,481.34
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,465.71
Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 9 of 85

Debtor 1	Robert G. Annable
Debtor 2	Donna M. Annable

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,644.17

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	17,561.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	17,561.00

	Case	18-30280-5-	mcr Doc 1		ied 03/12/ :ument	/18 Entered 03/ Page 10 of 85	12/18 17	:19:42	De	esc Main
Fill	in this inform	nation to identify	your case and th			1 700. 10 Ol Ol				
Deb	otor 1	Robert G. Ar	nnable							
		First Name		Name		Last Name				
	otor 2 ouse, if filing)	Donna M. Ar		Name		Last Name				
		nkruptcy Court for	the NORTHER	N DIST	RICT OF NEW	/ VORK				
Oili	ied States Dai	includicy Court for	tile. NOITHER	IV DIOT	INIOT OF INEV	VIORIX				
Cas	se number _					_				Check if this is an amended filing
										amended ming
Of-	ficial Fo	rm 1061/D	•							
_		rm 106A/B	=							
		e A/B: Pr							_	12/15
hink	tit fits best. Be	e as complete and a	accurate as possibl	e. If two	married people	in asset fits in more than on a are filing together, both ar	e equally resp	onsible for su	pply	ing correct
	mation. If more		attach a separate sl	neet to t	his form. On the	e top of any additional page	s, write your r	name and case	nur	nber (if known).
Part	1. Doscribo I	Each Posidonco Ru	uilding Land or Ot	har Baal	Estato Vou Ou	n or Have an Interest In				
		<u> </u>								
1. De	o you own or h	ave any legal or eq	uitable interest in a	ny resid	lence, building,	land, or similar property?				
	No. Go to Part	2.								
	Yes. Where is	the property?								
				18 0		0.00				
1.1	35 Reed S	t.		wnat	Single-family h	? Check all that apply	Do not dod	uat o o ouro d'ola		or everentions. Dut
	Street address, i	if available, or other desc	cription	_	Duplex or mult		the amount	of any secure	d clai	or exemptions. Put
						or cooperative	Creditors V	Vho Have Clair	ns Se	ecured by Property.
					Manufactured	or mobile home				
	Marcellus	NY	13108-0000			of mobile nome	Current va			rrent value of the
	City	State	ZIP Code		Investment pro	operty	· · · · · · · · · · · · · · · · · · ·	15,000.00	ρ.	\$145,000.00
					Timeshare		Describe t	he nature of y	our (ownership interest
					Other	in the manufactor of	(such as fo			by the entireties, or
				wno		in the property? Check one	Fee Sim	•		
	Onondaga	1						•		
	County				Debtor 1 and I	Debtor 2 only	— Charl	t if this is com	mun	ity proporty
					At least one of	the debtors and another		structions)	mui	ity property
					r information ye erty identification	ou wish to add about this ite	em, such as lo	cal		
					-	ors October 28, 1991				
						m Apprasial dated No	vember 2,	2017)		
2	Add the dolls	ar value of the no	ertion you own fo	r all of	vour entries f	rom Part 1 including an	v antrias for			

pages you have attached for Part 1. Write that number here......

\$145,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

	Robert G. Annable Donna M. Annable		Case number (if known)	
·	, trucks, tractors, sport utility ve	hicles, motorcycles		
□ No				
Yes				
1 Make:	Toyota	Who has an interest in the property? Check one	Do not deduct secured cla the amount of any secure	
Model:	Tundra	☐ Debtor 1 only	Creditors Who Have Clair	
Year:	2011	■ Debtor 2 only	Current value of the	Current value of the
	mate mileage: 175000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	formation:	At least one of the debtors and another		
litled	to debtor 6/12/2017	☐ Check if this is community property (see instructions)	\$19,570.00	\$19,570.00
Make:	Chevrolet	Who has an interest in the property? Check one	Do not deduct secured cla	
Model:	Malibu LT	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
Year:	2016	■ Debtor 2 only		
	mate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Other in	iformation:	☐ At least one of the debtors and another		
Titled	to debtor 7/03/2017	☐ Check if this is community property (see instructions)	\$15,320.00	\$15,320.00
Make:	Kia	Who has an interest in the property? Check one	Do not deduct secured cla	
Model:	Soul	Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.
Year:	2010	Debtor 2 only	Current value of the	Current value of the
	mate mileage: 120000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	to debtor and debtors	At least one of the debtors and another		
	ter on 8/22/2017	☐ Check if this is community property (see instructions)	\$3,520.00	\$1,760.00
Examples: E ■ No □ Yes	Boats, trailers, motors, personal wa	nd other recreational vehicles, other vehicles, a ttercraft, fishing vessels, snowmobiles, motorcycle	accessories	
		n for all of your entries from Part 2, including a that number here		\$36,650.00
13: Descr	ibe Your Personal and Household Ite	ems		
		terest in any of the following items?	ķ [Current value of the cortion you own? Do not deduct secured claims or exemptions.
Examples: ⊐ No	I goods and furnishings Major appliances, furniture, linens	, china, kitchenware		
Yes. De	escribe			
	Mica Hausshal	d Goods and Furnishings		\$5,000.0
	itiist. Houselloi	u oocas ana i amamiliys	1	ψυ,υυυ.

Official Form 106A/B Schedule A/B: Property page 2

Entered 03/12/18 17:19:42 Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Desc Main Page 12 of 85 Document Debtor 1 Robert G. Annable Debtor 2 Donna M. Annable Case number (if known) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$700.00 3 TV's; (\$450); Computer with printer (\$200.00; IPad (\$50.00) 32" TV (\$25.00); desktop computer w/printer (\$35.00); laptop \$135.00 computer (\$75.00) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... Antique Desk (\$300.00) and China Cabinet (\$250.00) \$550.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$400.00 Misc. Clothing Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No

12. Jewelry

Yes. Describe.....

Engagment Ring; \$2,000.00); Wedding Band (\$50.00); Diamond Earrings & Necklace Set (\$750.00)

\$2,800.00

wedding band

\$50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

□ No

Yes. Describe.....

3 Dogs

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

Official Form 106A/B Schedule A/B: Property \$0.00

Filed 03/12/18 Entered 03/12/18 17:19:42 Case 18-30280-5-mcr Doc 1 Page 13 of 85 Document Robert G. Annable Debtor 1 Debtor 2 Donna M. Annable Case number (if known) ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$9,635.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Cash on Hand \$55.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Empower Federal Credit Union, Account No.** x1850, #9 \$60.00 Checking 17.1. ACMG, Account No. x17931 \$375.00 Checking 17.2. **Empower Federal Credit Union, Account No.** x1850 #1 \$10.00 Savings ACMG, Account No. x17931*** \$5.00 Savings 17.4. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

Yes. List each account separately.

Type of account: Institution name:

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 14 of 85

Debtor 1 Debtor 2	Robert G. Annable Donna M. Annable		Case number (if known)	
	401k	Central Pension Fund		\$73,557.71
	IRA	Lincoln Financial Group		\$2,641.59
Your s		made so that you may continue service or use fraid rent, public utilities (electric, gas, water), telec		s, or others
		Institution name or individual:		
23. Annuit	ies (A contract for a periodic paymen	t of money to you, either for life or for a number o	f years)	
☐ Yes.	Issuer name and desc	ription.		
	ts in an education IRA, in an accou C. §§ 530(b)(1), 529A(b), and 529(b)(nt in a qualified ABLE program, or under a qu (1).	alified state tuition progra	am.
☐ Yes.	Institution name and d	escription. Separately file the records of any inter	rests.11 U.S.C. § 521(c):	
■ No		operty (other than anything listed in line 1), an	d rights or powers exerci	sable for your benefit
☐ Yes.	Give specific information about them	1		
Exam _l ■ No —		ecrets, and other intellectual property s, proceeds from royalties and licensing agreeme	nts	
	es, franchises, and other general in			
		ses, cooperative association holdings, liquor licen	nses, professional licenses	
☐ Yes.	Give specific information about them	1		
Money or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	funds owed to you			
■ Yes.	Give specific information about them,	, including whether you already filed the returns a	nd the tax years	
	A	ccured 2017 refund	Federal & State	\$5,956.00
29. Family Exam _l ■ No		spousal support, child support, maintenance, divo	rce settlement, property se	ttlement
☐ Yes.	Give specific information			
Exam _l ■ No	amounts someone owes you bles: Unpaid wages, disability insuran benefits; unpaid loans you made Give specific information	ce payments, disability benefits, sick pay, vacations to someone else	on pay, workers' compensa	ation, Social Security

Official Form 106A/B Schedule A/B: Property page 5

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Page 15 of 85 Document Robert G. Annable Debtor 1 Debtor 2 Donna M. Annable Case number (if known) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value. Company name: Surrender or refund Beneficiary: value: **Term Life Insurance** \$0.00 **Term Life Insurance** \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$82,660.30 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 16 of 85

Robert G. Annable Debtor 1 Donna M. Annable Debtor 2 Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$145,000.00 56. Part 2: Total vehicles, line 5 \$36,650.00 Part 3: Total personal and household items, line 15 57. \$9,635.00 Part 4: Total financial assets, line 36 58. \$82,660.30 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$128,945.30 \$128,945.30 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$273,945.30

Official Form 106A/B Schedule A/B: Property page 7

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main

		I A A A I II I I I		
Fill in this infor	rmation to identify your	case:		
Debtor 1	Robert G. Annab	le		
	First Name	Middle Name	Last Name	
Debtor 2	Donna M. Annabi	le		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF NEW YORK	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

Which set of examptions are you claiming? Check one only even if your engues is filing with you

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

٠.	Willer Set of exemptions are you claiming	: Check one only, eve	ii ii yo	ur spouse is ming with you.						
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)						
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
	35 Reed St. Marcellus, NY 13108 Onondaga County	\$145,000.00		\$42,150.00	11 U.S.C. § 522(d)(1)					
	Deeded to debtors October 28, 1991 (Value taken from Apprasial dated November 2, 2017) Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
T	2016 Chevrolet Malibu LT Titled to debtor 7/03/2017	\$15,320.00		\$743.00	11 U.S.C. § 522(d)(2)					
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit						
	Misc. Household Goods and Furnishings	\$5,000.00		\$5,000.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit						
	3 TV's; (\$450); Computer with printer (\$200.00; IPad (\$50.00)	\$700.00		\$700.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit						
	32" TV (\$25.00); desktop computer w/printer (\$35.00); laptop computer	\$135.00		\$135.00	11 U.S.C. § 522(d)(3)					
	(\$75.00) Line from Schedule A/B: 7.2			100% of fair market value, up to any applicable statutory limit						

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 18 of 85

Donna M. Annable Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Antique Desk (\$300.00) and China 11 U.S.C. § 522(d)(5) \$550.00 \$550.00 Cabinet (\$250.00) Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit Misc. Clothing 11 U.S.C. § 522(d)(3) \$400.00 \$400.00 Line from Schedule A/B: 11.1 П 100% of fair market value, up to any applicable statutory limit Engagment Ring; \$2,000.00); 11 U.S.C. § 522(d)(4) \$1,600,00 \$2,800.00 Wedding Band (\$50.00); Diamond Earrings & Necklace Set (\$750.00) П 100% of fair market value, up to Line from Schedule A/B: 12.1 any applicable statutory limit Engagment Ring; \$2,000.00); 11 U.S.C. § 522(d)(5) \$2,800.00 \$1,200,00 Wedding Band (\$50.00); Diamond Earrings & Necklace Set (\$750.00) 100% of fair market value, up to Line from Schedule A/B: 12.1 any applicable statutory limit wedding band 11 U.S.C. § 522(d)(4) \$50.00 \$50.00 Line from Schedule A/B: 12.2 100% of fair market value, up to any applicable statutory limit Cash on Hand 11 U.S.C. § 522(d)(5) \$55.00 \$55.00 Line from Schedule A/B: 16.1 П 100% of fair market value, up to any applicable statutory limit **Checking: Empower Federal Credit** 11 U.S.C. § 522(d)(5) \$60.00 \$60.00 Union, Account No. x1850, #9 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: ACMG, Account No. 11 U.S.C. § 522(d)(5) \$375.00 \$375.00 x17931 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Savings: Empower Federal Credit 11 U.S.C. § 522(d)(5) \$10.00 \$10.00 Union, Account No. x1850 #1 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Savings: ACMG, Account No. 11 U.S.C. § 522(d)(5) \$5.00 \$5.00 x17931*** Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit 401k: Central Pension Fund 11 U.S.C. § 522(d)(12) \$73,557.71 \$73,557.71 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit

Robert G. Annable

Debtor 1

Debto	Donna M. Annable			Case number (if known)			
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.			
	RA: Lincoln Financial Group	\$2,641.59		\$2,641.59	11 U.S.C. § 522(d)(12)		
L1	The Hoth Genedate AVB. Z1.2		☐ 100% of fair market value, up to any applicable statutory limit				
-	ederal & State: Accured 2017 refund	\$5,956.00		\$5,305.00	11 U.S.C. § 522(d)(5)		
Li	THE HOLLI SCHEUULE AV.B. 20.1			100% of fair market value, up to any applicable statutory limit			
	re you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes	3 years after that for ca	ases fi	•	,		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main

		Document	Page 20	<u>01 85 </u>		
Fill in this informa	ation to identify you	ır case:				
Debtor 1	Robert G. Anna	ble Middle Name	Last Name			
Debtor 2	Donna M. Annal		Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Bank	kruptcy Court for the:	NORTHERN DISTRICT OF NE	W YORK			
Case number					_	if this is an
Official Forms	100D				amend	led filing
Official Form Schedule [Who Have Claims	Secured	by Propert	V	12/15
Be as complete and a	accurate as possible.	If two married people are filing togethout, number the entries, and attach it	er, both are equa	ally responsible for su	upplying correct information	
1. Do any creditors h	ave claims secured by	y your property?				
☐ No. Check t	his box and submit the	his form to the court with your other	schedules. You	u have nothing else t	o report on this form.	
Yes. Fill in a	all of the information	below.				
Part 1: List All	Secured Claims					
2. List all secured cl for each claim. If mor	re than one creditor has	more than one secured claim, list the cress a particular claim, list the other creditors cal order according to the creditor's name	s in Part 2. As	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Column C Unsecured portion
2.1 Ally Finance	•	Describe the property that secures t		value of collateral. \$14,577.00	claim \$15,320.00	If any \$0.00
Creditor's Name		2016 Chevrolet Malibu LT Titled to debtor 7/03/2017				
Attn: Bankı		As of the date you file, the claim is:	Check all that			
Po Box 380		apply.	Sheck all that			
	on, MN 55438	☐ Contingent				
Who owes the deb	City, State & Zip Code	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	Creck one.	☐ An agreement you made (such as r	mortagae or secu	red		
■ Debtor 2 only		car loan)	nortgage or secu	ileu		
Debtor 1 and Deb	tor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit	,			
☐ Check if this clai		Other (including a right to offset)	Automotive	Loan		
	Opened 06/17 Last					
Date debt was incur		Last 4 digits of account numb	7236			
2.2 Empower F	ederal Cred	Describe the property that secures t	he claim:	\$39,314.00	\$145,000.00	\$0.00
Creditor's Name		35 Reed St. Marcellus, NY 13 Onondaga County Deeded to debtors October 2 (Value taken from Apprasial November 2, 2017) As of the date you file, the claim is: apply.	28, 1991 dated			
Number, Street, C	City, State & Zip Code	☐ Contingent ☐ Unliquidated				
Who owes the deb	t? Chack and	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	. Oneok One.	☐ An agreement you made (such as r	mortagae or socu	red		
Debtor 2 only		car loan)	nortgage or secu	ii Cu		
■ Debtor 1 and Deb	tor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit				

Debtor		Annable		_ c	ase number (_{if know})		
	First Name	Middle Na	ame Last Name				
Debtor	Donna M. First Name	Annable Middle Na	ame Last Name				
	. not riamo						
	ck if this claim re	elates to a	Other (including a right to offset)	Home Equity	/ Line of Credit		
Date de	ebt was incurred	Opened 01/12 Last Active 12/17	Last 4 digits of account num	nber <u>0143</u>			
2.3 N	lationstar Mo	rtgage LLC	Describe the property that secures	the claim:	\$63,536.00	\$145,000.00	\$0.00
c	reditor's Name :50 Highland I .ewisville, TX	Dr	35 Reed St. Marcellus, NY 1 Onondaga County Deeded to debtors October (Value taken from Apprasia November 2, 2017) As of the date you file, the claim is apply. □ Contingent	28, 1991 Il dated			·
N	umber, Street, City, S	State & Zip Code	☐ Unliquidated				
			☐ Disputed				
_	wes the debt? C	check one.	Nature of lien. Check all that apply.				
	tor 1 only tor 2 only		☐ An agreement you made (such as car loan)	mortgage or secu	red		
_	tor 2 only tor 1 and Debtor 2) only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
	east one of the deb	,	☐ Judgment lien from a lawsuit	oonariio o iioni,			
☐ Che	eck if this claim re nmunity debt		Other (including a right to offset)	Mortgage			
Date de	ebt was incurred	Opened 09/01 Last Active 6/12/17	Last 4 digits of account num	nber <u>3162</u>			
9	Santander Co	nsumer					
741	JSA		Describe the property that secures	the claim:	\$22,821.00	\$19,570.00	\$3,251.00
С	reditor's Name		2011 Toyota Tundra 175000 Titled to debtor 6/12/2017) miles			
F	Po Box 961245 ft Worth, TX 7	6161	As of the date you file, the claim is apply. Contingent Unliquidated	: Check all that			
Mh a a	46		Disputed				
_	wes the debt? C	theck one.	Nature of lien. Check all that apply. ☐ An agreement you made (such as	mortaga or good	rod		
	tor 1 only tor 2 only		car loan)	mortgage or secur	eu		
	tor 1 and Debtor 2	? only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
	east one of the deb		☐ Judgment lien from a lawsuit		_		
	ck if this claim re mmunity debt	elates to a	Other (including a right to offset)	Automotive	Loan		
Date de	ebt was incurred	Opened 05/17 Last Active 12/17	Last 4 digits of account num	nber 1000			
2.5 V	Vestlake Fina	ncial Srvs	Describe the property that secures	the claim:	\$6,023.00	\$3,520.00	\$2,503.00

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 22 of 85

Debtor 1	Robert G.	Annable		(Case number (if know)		
	First Name	Middle N	ame Last Name	_	_		
Debtor 2	Donna M. Annable						
	First Name	Middle N	lame Last Name	-			
Cred	litor's Name		2010 Kia Soul 120000 miles				
			Titled to debtor and debtors	;			
Cu	stomer Care	e	daughter on 8/22/2017				
	Box 76809		As of the date you file, the claim is:	Check all that			
	s Angeles, (CA 90054	apply. ☐ Contingent				
Number, Street, City, State & Zip Code			_				
			☐ Unliquidated				
\A#	- 11 1-1-10-0		☐ Disputed				
	s the debt? C	heck one.	Nature of lien. Check all that apply.				
☐ Debtor	1 only		An agreement you made (such as mortgage or secured				
Debtor	2 only		car loan)				
☐ Debtor	1 and Debtor 2	only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
☐ At leas	t one of the deb	otors and another	☐ Judgment lien from a lawsuit	•			
	if this claim re nunity debt	elates to a	Other (including a right to offset)	Automotive	Loan		
		Opened 7/11/17 Last Active					
Date debt	was incurred	12/17	Last 4 digits of account num	ber 3848			
						_	
		•	Column A on this page. Write that num		\$146,271.00	<u>)</u>	
	the last page		the dollar value totals from all pages.		\$146,271.00	o	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main

		Document	Page 23	3 of 85	
Fill in this info	rmation to identify your c	ase:			
Debtor 1	Robert G. Annable)			
	First Name	Middle Name	Last Name		
Debtor 2	Donna M. Annable	Middle Name	Last Name		
(Spouse if, filing)	Filst Name				
United States B	sankruptcy Court for the:	NORTHERN DISTRICT OF NE	EW YORK		
Case number (if known)					☐ Check if this is an amended filing
Official For Schedule		ho Have Unsecured	Claims		12/15
any executory co Schedule G: Exec Schedule D: Cred left. Attach the Co name and case no	ntracts or unexpired leases to cutory Contracts and Unexpi litors Who Have Claims Secu	that could result in a claim. Also li red Leases (Official Form 106G). D ired by Property. If more space is e. If you have no information to rep	ist executory c o not include a needed, copy t	ontracts on Schedule A/B: Pro any creditors with partially sec he Part you need, fill it out, nur	IORITY claims. List the other party to perty (Official Form 106A/B) and on ured claims that are listed in mber the entries in the boxes on the of any additional pages, write your
	itors have priority unsecured				
No. Go to	• •				
Yes.	T GIT Z.				
	All of Your NONPRIORITY	/ Unsecured Claims			
Yes. 4. List all of younsecured clathan one cred	ur nonpriority unsecured cla	art. Submit this form to the court with tims in the alphabetical order of th for each claim. For each claim listed at the other creditors in Part 3.If you h	e creditor who	holds each claim. If a creditor hype of claim it is. Do not list claim	s already included in Part 1. If more
Part 2.					Total claim
4.1 Acmg	Federal Credit Un	Last 4 digits of acc	ount number	0082	\$0.00
1753 N	rity Creditor's Name ###################################	When was the debt	incurred?	Opened 12/02 Last Act	tive
Number	Street City State Zlp Code curred the debt? Check one.	As of the date you	file, the claim i	s: Check all that apply	
■ Debte	or 1 only	☐ Contingent			
Debte	•	Unliquidated			
	or 1 and Debtor 2 only	Disputed			
	ast one of the debtors and ano	Па	IIY unsecured	I claim:	
debt	ck if this claim is for a comma			ration agreement or divorce that y	you did not
■ No	500,000			g plans, and other similar debts	
☐ Yes		Other. Specify	Unsecured		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 24 of 85

	Donna M. Annable		Case number (if know)	
4.2	Acmg Federal Credit Un Nonpriority Creditor's Name	Last 4 digits of account number	8374	\$0.00
	1753 Milton Ave Solvay, NY 13209	When was the debt incurred?	Opened 06/98 Last Active 04/12	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Acmg Federal Credit Un	Last 4 digits of account number	0458	\$1,981.00
	Nonpriority Creditor's Name 1753 Milton Ave Solvay, NY 13209	When was the debt incurred?	Opened 06/98 Last Active 11/17	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	· ·	
4.4	Acmg Federal Credit Un	Last 4 digits of account number	2182	\$0.00
	Nonpriority Creditor's Name	_	One and October Least Actions	
	1753 Milton Ave Solvay, NY 13209	When was the debt incurred?	Opened 06/98 Last Active 12/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 25 of 85

Debtor	2 Donna M. Annable	Case number (if know)			
4.5	Ally Financial	Last 4 digits of account number	7212		\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438	When was the debt incurred?	Opened 05/07 10/12	Last Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	у	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans			
		Obligations arising out of a separeport as priority claims			
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Automobile		nilar debts	
		— Other. Specify			
4.6	Ally Financial Nonpriority Creditor's Name	Last 4 digits of account number	3486		\$0.00
	Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438	When was the debt incurred?	Opened 10/07 10/11	Last Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	у	
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other sin	nilar debts	
	☐ Yes	Other. Specify Automobile	•		
4.7	Americu Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	0001		\$0.00
	1916 Black River Blvd N Rome, NY 13440	When was the debt incurred?	Opened 01/05 04/08	Last Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	у	
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans			
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or c	divorce that you did not	
	Is the claim subject to offset?	report as priority claims	malana an Unit di S	. Una delete	
	No	Debts to pension or profit-sharin	•	niiai dedts	
	Yes	Other. Specify Automobile	•		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 26 of 85

	r 2 Donna M. Annable		Case number (if know)			
4.8	Associated Medical Professionals	Last 4 digits of account number	4435	\$15.99		
	Nonpriority Creditor's Name 1226 Water St.	When was the debt incurred?				
	Syracuse, NY 13210 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only □ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing				
	☐ Yes	Other. Specify Medical de	bt			
4.9	AT&T Mobility	Last 4 digits of account number	4286	\$498.17		
	Nonpriority Creditor's Name P.O. Box 537104	When was the debt incurred?		<u> </u>		
	Atlanta, GA 30353-7104 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim				
	Debtor 1 only	П-				
	Debtor 2 only	Contingent				
		☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharin				
	☐ Yes	Other. Specify Consumer	Credit			
4.1 0	Capital One	Last 4 digits of account number	7054	\$0.00		
	Nonpriority Creditor's Name	_				
	Attn: General Correspondence/Bankruptcy Po Box 30285	When was the debt incurred?	Opened 04/04 Last Active 2/05/10			
	Salt Lake City, UT 84130 Number Street City State Zlp Code	As of the date you file, the claim				
	Who incurred the debt? Check one.	,				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	Other. Specify Credit Card	<u> </u>			

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 27 of 85

Cavalry Portfolio Services	Last 4 digits of account number	8493	\$619.0
Nonpriority Creditor's Name Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595	When was the debt incurred?	Opened 02/17 Last Active 07/15	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	ration agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Collection	Attorney Synchrony Bank	
CBE Group	Last 4 digits of account number	0001	\$1,946.22
Nonpriority Creditor's Name 1309 Technology Pkwy.	When was the debt incurred?		
Cedar Falls, IA 50613 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim i	3. Oneon all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Collections		
Chusasan		4403	* 0.00
Cbusasears Nonpriority Creditor's Name	Last 4 digits of account number	4402	\$0.0
Po Box 6282 Sioux Falls, SD 57117	When was the debt incurred?	Opened 12/98 Last Active 03/04	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	,	or o	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 28 of 85

Donna M. Annable		Case number (if know)	
CNY Diagnostic Imaging Hill Medical	Last 4 digits of account number	1022	\$52.84
Nonpriority Creditor's Name 1000 East Genesee St., Ste. 100	When was the debt incurred?		
Syracuse, NY 13210-1853 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only			
Debtor 2 only	☐ Contingent		
■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	I claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical		
Comonity Bouldtookhuur		E070	#0.00
Comenity Bank/fashbug Nonpriority Creditor's Name	Last 4 digits of account number	5978	\$0.00
Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 09/00 Last Active 07/12	
Jumber Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	Пол		
Debtor 2 only	☐ Contingent ☐ Unliquidated		
Debtor 1 and Debtor 2 only	<u> </u>		
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other Specify Credit Card		
Comenity Bank/Lane Bryant	Last 4 digits of account number	1491	\$0.00
Nonpriority Creditor's Name	_	Opened 40/02/09 Leet Active	
Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 10/02/08 Last Active 8/16/14	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community debt	Student loans		
Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other Specify Charge Acc	count	

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 29 of 85

Donna M. Annable		Case number (if kn	now)	
Comenity Bank/Lane Bryant	Last 4 digits of account number	4680		Unknowr
Nonpriority Creditor's Name				
Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 12/86 1/20/97	Last Active	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	y	
☐ Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other sin	nilar debts	
☐ Yes	Other. Specify Charge Acc	count		
Comenity Bank/Lane Bryant	Last 4 digits of account number	1491		Unknown
Nonpriority Creditor's Name	Last 4 digits of account number			O I I I I I I I I I I I I I I I I I I I
Attn: Bankruptcy Po Box 182125	When was the debt incurred?	Opened 10/08 10/27/08	Last Active	
Columbus, OH 43218 Jumber Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	y	
Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Unilquidated ☐ Disputed			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Student loans	a olaiiii		
☐ Check if this claim is for a community	☐ Obligations arising out of a sepa	ration agreement or o	divorce that you did not	
s the claim subject to offset?	report as priority claims	ration agreement or c	arvorde that you did not	
No	Debts to pension or profit-sharing	g plans, and other sin	nilar debts	
☐ Yes	Other. Specify Credit Card	I		
Comenity Bank/maurices	Last 4 digits of account number	2995		\$0.00
Nonpriority Creditor's Name	_			
Attn: Bankruptcy Po Box 182125	When was the debt incurred?	Opened 09/11 6/29/12	Last Active	
Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	у	
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Unilquidated ☐ Disputed			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Student loans			
☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or o	divorce that you did not	
Is the claim subject to offset?	report as priority claims	agroomont of t		
No	Debts to pension or profit-sharing	g plans, and other sin	nilar debts	
☐ Yes	■ Other. Specify Charge Acc	count		
	Sanon opoony			

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 30 of 85

Debt	or 2 Donna M. Annable	Case number (if know)		
4.2	Convergent Outcoursing Inc	6952	¢4 900 4E	
0	Convergent Outsourcing, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 6852	\$1,890.15	
	800 SW 39th St.	When was the debt incurred?		
	PO Box 9004			
	Renton, WA 98057 Number Street City State Zlp Code	As of the date you file the claim in Check all that apply		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	□ o-referent		
	Debtor 2 only	☐ Contingent		
		☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans		
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Collections		
4.2	Credence Resource Management			
1	LLC	Last 4 digits of account number 7587	\$841.01	
	Nonpriority Creditor's Name PO Box 2390	When was the debt incurred?		
	Southgate, MI 48195	When was the destiniculed:		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify Collections		
4.2 2	Credit Collection Services	Last 4 digits of account number 6992	\$891.33	
	Nonpriority Creditor's Name			
	Two Wells Avenue, Dept. 9135	When was the debt incurred?		
	Newton Center, MA 02459 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	□ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify Collections		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 31 of 85

Direct TV	Last 4 digits of account number	4238	\$347.7		
Nonpriority Creditor's Name PO Box 11732	When was the debt incurred?				
Newark, NJ 07101 Number Street City State Zlp Code	As of the date you file, the claim i				
Who incurred the debt? Check one.	,	on one and apply			
☐ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
■ Debtor 1 and Debtor 2 only	Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
Yes	Other. Specify Consumer	Credit			
Empower FCU	Last 4 digits of account number	4165	\$261.0		
Nonpriority Creditor's Name	_				
300 Erie Blvd W Syracuse, NY 13202	When was the debt incurred?	Opened 08/12 Last Active 11/17			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only					
	☐ Contingent				
	☐ Unliquidated				
	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured				
Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
Is the claim subject to offset?					
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts			
Yes	Other. Specify Credit Card	<u>.</u>			
Empower Federal Cred	Last 4 digits of account number	4150	\$0.0		
Nonpriority Creditor's Name					
	When was the debt incurred?	Opened 02/13 Last Active 10/15			
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply			
Who incurred the debt? Check one.					
☐ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
■ Debtor 1 and Debtor 2 only	☐ Disputed				
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
No		ng plans, and other similar debts			
No	L Debig to bension or broin-soann				

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 32 of 85

2 Donna M. Annable		Case number (if know)	
Family Care Medical Group	Last 4 digits of account number	3861	\$16.3
Nonpriority Creditor's Name 101 West Fayette Street	When was the debt incurred?		
Syracuse, NY 13204 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	, i.e. o. i.i.e uii.e , i.i.e, i.i.e ciii.i.i.	or chook an that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Student loans		
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	autoria di autoria anti pad dia not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical		
Five Star Bank	Last 4 digits of account number	9970	\$0.0
Nonpriority Creditor's Name			Ψ0.0
100 Chestnut St Rochester, NY 14604	When was the debt incurred?	Opened 10/12 Last Active 05/17	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	,,,,,	an and apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	-	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Automobile)	
Hsbc Mortgage Corp Usa	Last 4 digits of account number	7189	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy	_	Opened 00/01 Lest Active	
Po Box 9068	When was the debt incurred?	Opened 09/01 Last Active 04/13	
Brandon, FL 33509			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt			
Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes			
□ res	Other. Specify Real Estate	: wortgage	

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 33 of 85

C System, Inc.	Last 4 digits of account number	8102	\$255.7
Nonpriority Creditor's Name PO Box 64886 Saint Paul, MN 55164-0886	When was the debt incurred?		
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other. Specify Collections	S	
Kay Jewelers/genesis	Last 4 digits of account number	3181	\$796.0
Nonpriority Creditor's Name	Last 4 digits of account number		4.00.
15220 Nw Greenbrier, Ste Beaverton, OR 97006	When was the debt incurred?	Opened 12/16 Last Active 12/17	
Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
New Hampshire Higher Ed/Granite State Mg	Last 4 digits of account number	7374	\$11,398.
Nonpriority Creditor's Name Attn: Bnakruptcy 4 Barrell Court	When was the debt incurred?	Opened 10/16 Last Active 1/02/18	
Concord, NH 03301 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	S. Officer all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	☐ Other. Specify		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 34 of 85

Donna M. Annable Case number (if know)			
New Hampshire Higher Ed/Granite State Mg Nonpriority Creditor's Name	Last 4 digits of account number	8674	\$6,163.00
Attn: Bnakruptcy 4 Barrell Court Concord, NH 03301	When was the debt incurred?	Opened 10/17 Last Active 1/02/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify		
	Educationa	al	
NYSEG	Last 4 digits of account number	5502	\$281.19
Nonpriority Creditor's Name PO Box 9262	When was the debt incurred?		
Chelsea, MA 02150-9262 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Utilities		
OCWA	Last 4 digits of account number	8383	\$112.54
Nonpriority Creditor's Name 200 Northern Concourse PO Box 4949	When was the debt incurred?		
Syracuse, NY 13221-4949			
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	d alaim.	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	u ciaim:	
—			
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
·			

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 35 of 85

Debtor Debtor	Robert G. Annable Donna M. Annable		Case number (if know)	
4.3	Phh Mortgage Service	Last 4 digits of account number	2335	\$0.00
	Nonpriority Creditor's Name	-		
	1 Mortgage Way Mount Laurel, NJ 08054	When was the debt incurred?	Opened 09/01 Last Active 6/08/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Real Estate	e Mortgage	
4.3	Portfolio Recovery	Last 4 digits of account number	1491	\$329.00
	Nonpriority Creditor's Name	-	On an al 00/40 L and Anthre	
	Po Box 41067 Norfolk, VA 23541	When was the debt incurred?	Opened 02/16 Last Active 06/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-shari		
	Yes		Company Account World Network Bank	
4.3	Portfolio Recovery	Last 4 digits of account number	6899	\$476.00
	Nonpriority Creditor's Name Po Box 41067	When was the debt incurred?	Opened 11/16 Last Active 06/15	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari		
	Yes	■ Other. Specify Factoring Bank	Company Account Comenity	

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 36 of 85

	2 Donna M. Annable		Case number (if know)		
4.3	Portfolio Recovery	Last 4 digits of account number	0419	\$267.00	
	Nonpriority Creditor's Name Po Box 41067 Norfolk, VA 23541	When was the debt incurred?	Opened 12/16 Last Active 06/15		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	· ,		
	■ No	Debts to pension or profit-sharing	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Factoring (Bank	Company Account Comenity		
4.3	Progressive Insurance, PO Nonpriority Creditor's Name	Last 4 digits of account number	4893	\$1,460.94	
	PO Box 30108 Tampa, FL 33630-3108	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	,		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Utilites			
4.4	Radio Shack/Citibank Nonpriority Creditor's Name	Last 4 digits of account number	6419	\$0.00	
	Citicorp/Centralized Bankruptcy Po Box 790040	When was the debt incurred?	Opened 3/02/07 Last Active 5/18/08		
	Saint Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	□ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing			
	Yes	Other. Specify Charge Acc	count		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 37 of 85

Raymour & Flanigan	Last 4 digits of account number	3711	\$0.0
Nonpriority Creditor's Name Attn: Legal Dept 7248 Morgan Rd Liverpool, NY 13088	When was the debt incurred?	Opened 10/02/12 Last Active 11/26/12	
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Charge Acc	count	
Santander Consumer USA	Last 4 digits of account number	1926	\$22,690.6
Nonpriority Creditor's Name			,,,,,,
Attn: Bankruptcy center PO Boc 560284	When was the debt incurred?		
Dallas, TX 75356 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Consumer	Credit	
Simons Agency Inc	Look 4 digite of cooping number	4671	\$53.0
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ00.0
4963 Wintersweet Dr Liverpool, NY 13088	When was the debt incurred?	Opened 07/17 Last Active 01/17	
Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	<u>-</u> ' '		
No	Debts to pension or profit-sharin	g plans, and other similar debts	

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 38 of 85

Simons Agency Inc	Last 4 digits of account number	3951	\$0.0		
Nonpriority Creditor's Name 4963 Wintersweet Dr Liverpool, NY 13088	When was the debt incurred?	Opened 09/13 Last Active 7/30/14			
Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply			
Who incurred the debt? Check one.	•	,			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not			
No	Debts to pension or profit-sharing	ng plans, and other similar debts			
Yes	Other. Specify Collection	Attorney Physical Med Rehab			
Syncb/Lord & Taylor Nonpriority Creditor's Name	Last 4 digits of account number	6794	\$0.0		
Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 12/98 Last Active 10/08			
Number Street City State Zlp Code Nho incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
No	Debts to pension or profit-sharin	ng plans, and other similar debts			
Yes	Other. Specify Charge Acc	count			
Synchrony Bank/ JC Penneys	Last 4 digits of account number	8687	\$0.0		
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 12/04 Last Active 02/07			
Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply			
Debtor 1 only	☐ Contingent				
■ Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
☐ Yes	■ Other. Specify Charge Acc	count			

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 39 of 85

Debto Debto	Pr 1 Robert G. Annable Donna M. Annable		Case number (if know)				
4.4 7	Synchrony Bank/Lowes	Last 4 digits of account number	7084	\$0.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 05/09 Last Active 07/15				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.4	Synchrony Bank/Lowes	Last 4 digits of account number	3037	\$0.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 07/00 Last Active 7/04/03				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	y					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	☐ Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.4 9	Verizon Nonpriority Creditor's Name	Last 4 digits of account number	0001	\$1,584.00			
	Attn: Wireless Bankrupty Admin 500 Technology Dr Ste 500 Weldon Springs, MO 63304	When was the debt incurred?	Opened 12/08 Last Active 11/08/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	and the second s				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other. Specify					
		· · · · · · · · · · · · · · · · · · ·					

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 40 of 85

Debtor 2	Donna M.	Annable		Case n	number (if kr	now)				
4.5	V-U- -	. Daalaa Camilaaa		4444			* 0.007.00			
0	onpriority Cred	Dealer Services	Last 4 digits of account number	4441			\$9,867.00			
	ttn: Bankr			Open	ned 10/11	Last Active				
	o Box 196		When was the debt incurred?	8/29/	15		_			
	vine, CA 9		As of the data was file the alains	. Ob I		h				
		City State Zlp Code the debt? Check one.	As of the date you file, the claim	is: Check	all that appl	У				
Debtor 1 only			☐ Contingent							
	Debtor 2 onl	v	☐ Unliquidated							
_	_	d Debtor 2 only	☐ Disputed							
_	_	of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
_	_		☐ Student loans							
	⊒ Cneck if thi	s claim is for a community	☐ Obligations arising out of a sepa	eration an	reement or o	divorce that you did not				
		bject to offset?	report as priority claims	iration ag	i comon or c	avorce that you did not				
	No		Debts to pension or profit-sharing	ıg plans, a	and other sir	milar debts				
	Yes		■ Other. Specify Automobile	9						
							-			
4.5 N	Vindstream	1	Last 4 digits of account number	2354			\$320.33			
	onpriority Cred									
	O Box 900	11908 KY 40290-1908	When was the debt incurred?				-			
N	umber Street	City State Zlp Code	As of the date you file, the claim	is: Check	all that appl	V				
w	/ho incurred t	the debt? Check one.	•		• • • • • • • • • • • • • • • • • • • •	•				
	Debtor 1 onl	у	☐ Contingent							
	☐ Debtor 2 only		☐ Unliquidated							
■ Debtor 1 and Debtor 2 only		d Debtor 2 only	□ Disputed							
_	_	of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not							
_	_	s claim is for a community								
	ebt	s claim is for a community								
Is	the claim su	bject to offset?	report as priority claims		,	, ,				
	No		Debts to pension or profit-sharing	ig plans, a	and other sir	nilar debts				
	Yes		Other. Specify Utilities				_			
Part 3:	l ist Others	s to Be Notified About a Debt	That You Already Listed							
5. Use this	page only if y	you have others to be notified abo	out your bankruptcy, for a debt that yeone else, list the original creditor in							
have mo	re than one c		ou listed in Parts 1 or 2, list the addi							
Part 4:	Add the Ar	mounts for Each Type of Uns	ecured Claim							
			s. This information is for statistical r	eporting	purposes o	only. 28 U.S.C. §159. Ad	d the amounts for each			
type of t	ınsecured cla	iim.								
	6a.	Domestic support obligations		6a.	\$	Total Claim				
Tot		Domestic support obligations		ou.	Ψ	0.00	_			
clain	ns	Tanas and and the desired to		CI.	•	-				
from Part	t 1 6b. 6c.	Taxes and certain other debts y Claims for death or personal in	<u> </u>	6b. 6c.	\$ \$	0.00	_			
	6d.	·	cured claims. Write that amount here.	6d.	\$	0.00 0.00	_			
						0.00	_			
	6e.	Total Priority. Add lines 6a through	gh 6d.	6e.	\$	0.00	_			
						T. () O ()				
	6f.	Student loans		6f.	\$	Total Claim 17,561.00				
Tot				•	—	17,551.00	_			
clain from Part		Obligations arising out of a sep	aration agreement or divorce that	6g.	\$	0.00				

Official Form 106 E/F

Debtor 1 Debtor 2	Robert G Donna M		Case	number (if know)		
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	47,854.18	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	65,415.18	

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main

		17/1/11/11	111 11111 = 1 (1) (1)	
Fill in this infor	mation to identify your	case:		
Debtor 1	Robert G. Annab	le		
	First Name	Middle Name	Last Name	
Debtor 2	Donna M. Annabl	le		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF NEW YORK	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.5	<u> </u>		Sidio	3000	
-	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main

Ous	C 10 00200 0 11101	Docum	ent Page 43 of	85	
Fill in this info	ormation to identify your				
Debtor 1	Robert G. Annabl	e			
	First Name	Middle Name	Last Name		
Debtor 2	Donna M. Annable	-			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRIC	CT OF NEW YORK		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official F	orm 106H				
		obtoro			
<u>scheaui</u>	e H: Your Cod	eptors			12/15
☐ No ■ Yes 2. Within the Arizona, Co ■ No. Go	California, Idaho, Louisiana,	lived in a community Nevada, New Mexico, F	property state or territory Puerto Rico, Texas, Washir	? (Community proper	rty states and territories include)
in line 2 a Form 106 out Colun	gain as a codebtor only it D), Schedule E/F (Official nn 2.	f that person is a guara	ntor or cosigner. Make s	ure you have listed G). Use Schedule D	ng with you. List the person showr the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to fi
	umn 1: Your codebtor e, Number, Street, City, State and Zll	P Code		Column 2: The cr Check all schedu	reditor to whom you owe the debt les that apply:
	ighter ighter			☐ Schedule D, ☐ Schedule E/F ☐ Schedule G ☐ West Lake Fina	line F, line

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Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 44 of 85

Fill in this informat	tion to identify your case:	
Debtor 1	Robert G. Annable	
Debtor 2 (Spouse, if filing)	Donna M. Annable	_
United States Ban	skruptcy Court for the: NORTHERN DISTRICT OF NEW YORK	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapter
Official Fo	rm 106 <u>l</u>	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ☐ Not employed ■ Not employed information about additional employers. Occupation **LPN** Heavy equiptment operator Include part-time, seasonal, or **West Genesee Central School** self-employed work. **OBrien & Gere** Employer's name District Occupation may include student or homemaker, if it applies. **Employer's address** 333 W. Washington St. 300 Sanderson Drive Syracuse, NY 13221 Camillus, NY 13031 How long employed there? 10 years 5 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1				Debtor 2 or filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	5,499.00	\$	2,579.37
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	5,499.00	\$	2,579.37

Official Form 106I Schedule I: Your Income page 1

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 45 of 85

	tor 1 tor 2	Robert G. Annable Donna M. Annable	_	(Case	number (if	known)				
					For	Debtor 1			or Debtor		
	Cop	y line 4 here	4.		\$	5,49	9.00	\$_		,579.37	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	1,54	4.62	\$		605.84	
	5b.	Mandatory contributions for retirement plans	5b).	\$		0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c	; .	\$		0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$		0.00	_
	5e.	Insurance	5e		\$_	13	7.58	\$_		0.00	_
	5f.	Domestic support obligations	5f.		\$	4.0	0.00	\$_		0.00	_
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h		\$_ \$		6.33	+ \$		122.66	_
6		• • ———————————————————————————————————	_	1.Ŧ	· —			: -		0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		8.53	\$_		728.50	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,63	0.47	\$_	1	,850.87	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	.	\$		0.00	\$		0.00	
	8b.	Interest and dividends	8b		\$ —		0.00	Ψ_ \$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		0.00	\$ \$		0.00	_
	8d.	Unemployment compensation	8d		\$		0.00	\$		0.00	_
	8e.	Social Security	8e	€.	\$		0.00	\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$		0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g		\$		0.00	\$_		0.00	_
	8h.	Other monthly income. Specify:	8h	1.+	\$_		0.00	+ \$_		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$		0.00	\$_		0.0	0
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		3,630.47	,	1	,850.87	= \$	5,481.34
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	┨	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,101101
11.	Inclu othe Do r	e all other regular contributions to the expenses that you list in Scheduloude contributions from an unmarried partner, members of your household, you or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe					•			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certaies					-		e. 12.	\$	5,481.34
										Combi	ned ly income
13.	Do y	you expect an increase or decrease within the year after you file this form No.	1?							monun	y income
		Yes. Explain: Debtor is laid off annually and then receives NY	S un	em	ploy	ment be	enifits	;			

Fill in this info	rmation to identify yo	our case:									
Debtor 1 Robert G. Annable						Check if this is:					
D 14 0				_	☐ An amended filing						
Debtor 2 (Spouse, if filing	Donna M. An	inable						wing postpetition chapter the following date:			
	•										
United States B	ankruptcy Court for the	: NORTH	IERN DISTRICT OF NEW	YORK		MM / D	D / YYYY				
Case number											
(If known)											
Official I	Form 106J										
	le J: Your	Evnor	1606					12/1			
			If two married people ar	e filing together, bo	oth are ed	qually res	ponsible fo				
information.		eded, atta	ch another sheet to this t								
Part 1: De	escribe Your House	hold									
	joint case?	TIOIG									
□ No. G	So to line 2.										
Yes.	Does Debtor 2 live i	in a separ	ate household?								
I	No										
_		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of D	ebtor 2.					
		_	•	•							
2. Do you	have dependents?	■ No									
Do not lis Debtor 2	st Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dep age	endent's	Does dependent live with you?			
			caon acpendent	Design 1 of Design	_	uge					
Do not si	tate the ents names.							□ No □ Yes			
dopondo	ino names.							☐ Yes			
								☐ Yes			
								□ No			
								☐ Yes			
								□ No			
3. Do vour	expenses include	_						☐ Yes			
	es of people other the	han	No								
yourself	and your depende	nts? ⊔	Yes								
Part 2: Es	stimate Your Ongoi	ng Monthl	y Expenses								
	of a date after the l		uptcy filing date unless y y is filed. If this is a supp								
Include even	naaa naid far with s	nan asah	navarnmant agaistanas it	i van kaan							
			government assistance it luded it on <i>Schedule I:</i> Y								
(Official Form	n 106l.)					_	Your exp	enses			
4 The new		him av		and a Control of the control							
	s and any rent for the		ses for your residence. In r lot.	nclude first mortgage	e 4.	\$		1,131.00			
	cluded in line 4:	3									
4a. Re	eal estate taxes				4a.	\$		0.00			
	operty, homeowner's	s, or renter	's insurance		4a. 4b.			0.00			
	ome maintenance, re				4c.	· —		0.00			
	omeowner's associat				4d.	· <u> </u>		0.00			
5. Addition	nal mortgage payme	ents for yo	our residence, such as hor	me equity loans	5.	\$		317.00			

ebtor 1	Robert G. Annable		
ebtor 2	Donna M. Annable	Case number (if known)	
[ltil	ities:		
Util 6a.	Electricity, heat, natural gas	6a. \$	300.00
6b.	Water, sewer, garbage collection	6b. \$	94.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	394.00
6d.	Other Specify: Cable	6d ¢	202.00
	Netflix		9.99
	Onstar	\$	59.00
	Sirius radio		30.00
	wood	<u> </u>	34.00
	pellets		45.00
Foo	d and housekeeping supplies		725.00
	d and nousekeeping supplies Idcare and children's education costs	8. \$	0.00
	thing, laundry, and dry cleaning	9. \$	25.00
	sonal care products and services	10. \$	
	•	·	55.00
	lical and dental expenses	11. \$	150.00
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12. \$	400.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	ritable contributions and religious donations	14. \$	0.00
	rrance.	ιπ. ψ	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.		
	. Life insurance	15a. \$	105.00
15b	. Health insurance	15b. \$	0.00
15c	. Vehicle insurance	15c. \$	288.00
15d	. Other insurance. Specify:	15d. \$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20		
	cify:	16. \$	0.00
Inst	allment or lease payments:		
17a	. Car payments for Vehicle 1	17a. \$	433.63
17b	. Car payments for Vehicle 2	17b. \$	297.09
17c	Other. Specify: Daughters Vehicle Kia Soul	17c. \$	206.00
	. Other. Specify:	 17d. \$	0.00
Υοι	r payments of alimony, maintenance, and support that you did not rep	ort as	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form		0.00
Oth	er payments you make to support others who do not live with you.	\$	0.00
	cify:	19.	
	er real property expenses not included in lines 4 or 5 of this form or or		
	. Mortgages on other property	20a. \$	0.00
	. Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e	. Homeowner's association or condominium dues	20e. \$	0.00
Oth	er: Specify: 3 dogs (food, fleas/heartworm, grooming & Vet)	21. +\$	165.00
Cal	culate your monthly expenses		
	. Add lines 4 through 21.	\$	5,465.71
	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10	· · ·	3,403.71
			F 40F 74
220	Add line 22a and 22b. The result is your monthly expenses.	\$	5,465.71
Cal	culate your monthly net income.		
	. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,481.34
23b	. Copy your monthly expenses from line 22c above.	23b\$	5,465.71
23c	Subtract your monthly expenses from your monthly income.	00 - 6	15.63
	The result is your monthly net income.	23c. \\$	15.63
Da	you expect an increase or decrease in your expenses within the year a	ftor you file this form?	
	you expect an increase or decrease in your expenses within the year a example, do you expect to finish paying for your car loan within the year or do you exp		se or decrease because o
	ification to the terms of your mortgage?	20. Just mongago paymont to moreas	5 5. GOO! 0430 DOUAU36 (
	, , ,		
	I EADIGIII IICIC.		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 48 of 85

Fill in this infor	mation to identify your	case:	
Debtor 1	Robert G. Annab		
Debior 1	First Name	Middle Name Last Name	
Debtor 2	Donna M. Annab		
(Spouse if, filing)	First Name	Middle Name Last Name	
(Opodoo II, IIII.Ig)	. not realing		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF NEW YORK	
Case number			
(if known)			☐ Check if this is an amended filing
two married per fou must file thing btaining money ears, or both. 1	eople are filing together is form whenever you for property by fraud 8 U.S.C. §§ 152, 1341,	n Individual Debtor's Sch r, both are equally responsible for supplying correct le bankruptcy schedules or amended schedules. M n connection with a bankruptcy case can result in f 519, and 3571.	ct information. laking a false statement, concealing property, or
	n Below y or agree to pay some	one who is NOT an attorney to help you fill out ban	skruptcy forms?
■ No			
☐ Yes. I	Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	alty of perjury, I declare e true and correct.	that I have read the summary and schedules filed v	with this declaration and
X /s/ Rob	pert G. Annable	X /s/ Donna M.	Annable
Robert	t G. Annable	Donna M. An	nable
Signatu	re of Debtor 1	Signature of De	ebtor 2
Date	March 12, 2018	Date March	12. 2018

Fill in	this inform	nation to identify you	, case.			
Debto		Robert G. Annak				
Dobio		First Name	Middle Name	Last Name		
Debto (Spouse	r 2 e if, filing)	Donna M. Annab	Middle Name	Last Name		
		nkruptcy Court for the:	NORTHERN DISTRICT (
		interior Court for the.	- NORTHERN BIOTHIOT	ST NEW TORK		
Case (if know	number _				_	Check if this is an amended filing
Stat	ement	and accurate as possi		are filing together, both are	e equally responsible for sup	
		ore space is needed, n). Answer every ques		this form. On the top of an	y additional pages, write yo	ur name and case
Part 1	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. W	/hat is you	current marital statu	ıs?			
	Married Not mar	ried				
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No ■ Yes. Lis	t all of the places you l	ived in the last 3 years. Do n	ot include where you live no	N.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
					nity property state or territor tico, Texas, Washington and V	
	No Yes. Ma	ike sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
Fi	ill in the tota	al amount of income yo	nployment or from operatir u received from all jobs and have income that you receiv	all businesses, including par		ndar years?
] No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$2,380.96
			☐ Operating a business		☐ Operating a business	

Page 50 of 85 Document

	onna M. An				Cas	se number (if known)		
			Debtor 1			Debtor 2		
			Sources of income Check all that apply.	(befo	ss income are deductions and asions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
For last caler (January 1 to		1, 2017)	■ Wages, commissions, bonuses, tips		\$66,140.46	■ Wages, combonuses, tips	missions,	\$26,347.04
			☐ Operating a business			☐ Operating a	business	
For the calen (January 1 to			■ Wages, commissions, bonuses, tips		\$90,030.00	☐ Wages, com bonuses, tips	missions,	\$0.00
			☐ Operating a business			☐ Operating a	business	
List each		ne gross inco	e and you have income tha			-		
			Debtor 1			Debtor 2		
			Sources of income Describe below.	each (befo	ss income from source are deductions and asions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
From January			Unemployment		\$5,220.00			
For last caler (January 1 to		1, 2017)	Unemployment		\$1,305.00			
Part 3: Lis	t Cartain Pay	ments Vou	Made Before You Filed fo	r Bankrıı	ntov			
					•			
6. Are eithe No.	Neither De	btor 1 nor D	's debts primarily consum Debtor 2 has primarily cons personal, family, or househ	sumer de	bts. Consumer deb	ts are defined in 11	U.S.C. § 10	1(8) as "incurred by an
	•	•	re you filed for bankruptcy,	did you pa	ay any creditor a tota	al of \$6,425* or mo	re?	
	□ _{No.} □ _{Yes}	Go to line 7	each creditor to whom you p	oid a tatal	of \$6 425* or more	in one or more nou	manta and t	ha tatal amount you
		paid that cre not include	editor. Do not include payments to an attorney for ton 4/01/19 and every 3 years.	ents for do this bank	omestic support obli- ruptcy case.	gations, such as ch	ild support a	ınd alimony. Also, do
■ Yes.			r both have primarily constructions you filed for bankruptcy,			al of \$600 or more?	•	
	■ No.	Go to line 7						
	□ Yes	List below e	each creditor to whom you p ments for domestic support this bankruptcy case.					
Creditor	's Name and	Address	Dates of paym	nent	Total amount paid	Amount you still owe	Was this p	payment for

Deb	tor 2	Donna M. Annable			Cas	se number (if	known)		
7.	<i>Inside</i> of wh	in 1 year before you filed for bankrupt ers include your relatives; any general pa ich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artner cont	s; relatives of any gen rol, or owner of 20% o	eral partners; partners of their voting	erships of wh g securities;	ich you and an	ı are a genera y managing a	I partner; corporations gent, including one for
	_	No Yes. List all payments to an insider.							
	Insid	der's Name and Address	Da	ites of payment	Total amount paid	Amount still	-	Reason for	this payment
8.	insid	in 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos	-		ments or transfer a	any property	on ac	count of a de	ebt that benefited an
	_	No Yes. List all payments to an insider							
	Insid	der's Name and Address	Da	ites of payment	Total amount paid	Amount still o	-	Reason for Include credi	this payment itor's name
Par	t 4:	Identify Legal Actions, Repossession	ns, aı	nd Foreclosures					
9.	List a	in 1 year before you filed for bankrupt Il such matters, including personal injury rications, and contract disputes.							
	_	No Yes. Fill in the details.							
		e title e number	Na	ture of the case	Court or agency			Status of the	e case
10.		in 1 year before you filed for bankrupt k all that apply and fill in the details belo		as any of your prope	erty repossessed, f	oreclosed,	garnisl	ned, attached	, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.							
	Cred	litor Name and Address		scribe the Property			Date		Value of the property
11.	acco	n 90 days before you filed for bankru unts or refuse to make a payment bed No Yes. Fill in the details.	ptcy,	did any creditor, incl		nancial insti	tution,	set off any a	mounts from your
		litor Name and Address	De	escribe the action the	creditor took		Date a	ection was	Amount
12.		n 1 year before you filed for bankrupt a-appointed receiver, a custodian, or a			erty in the possess	ion of an as	signee	for the bene	fit of creditors, a
		No Yes							
Par	t 5:	List Certain Gifts and Contributions							
13.	= 1	in 2 years before you filed for bankrup No Yes. Fill in the details for each gift.	otcy,	did you give any gifts	s with a total value	of more tha	n \$600	per person?	•
	Gifts	s with a total value of more than \$600 person		Describe the gifts			Dates the gif	you gave its	Value
		son to Whom You Gave the Gift and ress:							

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 52 of 85

1 Robert G. Annable

	otor 1 otor 2	Robert G. Annable Donna M. Annable			Case number	(if known)	
14.	I	n 2 years before you filed for bankr No Yes. Fill in the details for each gift or c		id you give any gifts or contribution	ns with a tota	l value of more than	\$600 to any charity?
	Gifts more Char	s or contributions to charities that to the than \$600 rity's Name ress (Number, Street, City, State and ZIP Code	total	Describe what you contributed		Dates you contributed	Value
Par	t 6:	List Certain Losses					
15.		n 1 year before you filed for bankru mbling?	ptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster,
	□ 1	No					
		Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Include	the amount that insurance has paid. Loc claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
	Deb	tor was struck by deer	Insura	nce paid \$5,000.00 for repair of	vehicle	May 2017	\$5,000.00
	Pers Addi Ema Pers	No Yes. Fill in the details. on Who Was Paid ress il or website address on Who Made the Payment, if Not Yer C. Schaefer, Esq.	oreparers	g a bankruptcy petition? s, or credit counseling agencies for ser Description and value of any prop transferred Attorney and Filing Fee	·	Date payment or transfer was made	Amount of payment \$1,380.00
	Suit Syra	E. Willow St. e 105 acuse, NY 13203 apc@aol.com					
17.	prom Do no	ised to help you deal with your cre to include any payment or transfer that	ditors or	d you or anyone else acting on your to make payments to your creditor ed on line 16.		or transfer any prope	rty to anyone who
		No Yes. Fill in the details.					
		on Who Was Paid		Description and value of any prop	ortv	Date payment	Amount of
	Addı			transferred	erty	or transfer was	payment
18.	Includinclud	ferred in the ordinary course of you	u r busin e s made a	is security (such as the granting of a se			
		on Who Received Transfer		Description and value of	Describe a	any property or	Date transfer was
	Addı	ress		property transferred		received or debts	made
	Pers	on's relationship to you				J	

Document Page 53 of 85

Robert G. Annable Debtor 1 Debtor 2 Donna M. Annable

Case number (if known)

	Person Who Received Transfer Address	Description and v property transferr		paym	ribe any property or ents received or debts n exchange	Date transfer was made	
	Person's relationship to you						
	Richards Farms	2 parcels of farr (approximately Value \$17,000.0	28 acres).	17,00	00.00	May 2017	
	none	. ,					
	Fox Toyota	Traded in 2010 Tundra . Value:		of ve	or applied net value hcle to debtor's ent 2011 toyota	June 2017	
	none			Tund	_		
	Fox Chevrolet	2008 Ford Edge \$5000.00	Value:	were	eeds of tradein applied to joint or's current 2016	June 2017	
	none				rolet Malibu		
	Within 10 years before you filed for bankruptc; beneficiary? (These are often called asset-protein No Yes. Fill in the details.		y property to a	self-settle	ed trust or similar device o	of which you are a	
	Tes. Fill III the details.						
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer was made	
Par	8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and St	orage Uni	ts		
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa	other financial accour	nts; certificates	of deposi			
	Yes. Fill in the details.						
		ast 4 digits of ccount number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
	Do you now have, or did you have within 1 year cash, or other valuables?	ar before you filed for	bankruptcy, ar	ny safe de		tory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	Have you stored property in a storage unit or p	place other than your	home within 1	year befo	re you filed for bankrupto	y?	
	■ No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?	
		Otato and En Oode)					

2

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 54 of 85

Debtor 1 Robert G. Annable Debtor 2 Donna M. Annable

Case number (if known)

Par	t9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you	borrowed from, are storing fo	r, or hold in trust
	No				
	Yes. Fill in the details.		_		
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Desci	ribe the property	Value
Par	110: Give Details About Environmental Inform	nation			
For	the purpose of Part 10, the following definitions	s apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun			
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	l sites.			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste	, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they o	occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under	or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		nvironmental law, if you now it	Date of notice
25.	Have you notified any governmental unit of any	y release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		nvironmental law, if you now it	Date of notice
26.	Have you been a party in any judicial or admini	istrative proceeding under any env	ironme	ntal law? Include settlements	and orders.
	■ No				
	Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natur	e of the case	Status of the case
Par	t11: Give Details About Your Business or Cor	nnections to Any Business			
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of th	e following connections to an	y business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either	full-time or part-time	
	☐ A member of a limited liability company	y (LLC) or limited liability partnersh	nip (LLF	P)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing execu	tive of a corporation			
	☐ An owner of at least 5% of the voting o	-	ı		

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Page 55 of 85 Document Robert G. Annable Debtor 1 Debtor 2 Donna M. Annable Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Business Name Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Donna M. Annable /s/ Robert G. Annable Robert G. Annable Donna M. Annable Signature of Debtor 1 Signature of Debtor 2 Date March 12, 2018 Date March 12, 2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 56 of 85

Fill in this infor	mation to identify your case:		
Debtor 1	Robert G. Annable		
Deploi	First Name Middle Name	e Last Name	
Debtor 2	Donna M. Annable	200110110	
(Spouse if, filing)	First Name Middle Name	e Last Name	
United States Ba	ankruptcy Court for the: NORTHERN D	DISTRICT OF NEW YORK	
Case number			
(if known)			☐ Check if this is an amended filing
Official Fo		lividuals Filing Under Chapt	er 7 12/15
If you are an ind	ividual filing under chapter 7, you mus	t fill out this form if:	
	e claims secured by your property, or		
You must file thi	ever is earlier, unless the court extends	is not expired. Iter you file your bankruptcy petition or by the date s is the time for cause. You must also send copies to th	et for the meeting of creditors, ne creditors and lessors you list
	eople are filing together in a joint case, nd date the form.	both are equally responsible for supplying correct i	nformation. Both debtors must
	and accurate as possible. If more spac our name and case number (if known).	e is needed, attach a separate sheet to this form. Or	the top of any additional pages,
Part 1: List Y	our Creditors Who Have Secured Clain	ns	
1. For any credit		e D: Creditors Who Have Claims Secured by Propert	ty (Official Form 106D), fill in the
Identify the cr	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's	Ally Financial	☐ Surrender the property.	□No
name:	,	Retain the property and redeem it.	
			■ Yes
Description of	2040 Charmalat Malibur I T	Retain the property and enter into a	100

2016 Chevrolet Malibu LT Description of Reaffirmation Agreement. Titled to debtor 7/03/2017 property ☐ Retain the property and [explain]: securing debt: Creditor's **Empower Federal Cred** □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. Yes Retain the property and enter into a Description of 35 Reed St. Marcellus, NY 13108 Reaffirmation Agreement. **Onondaga County** property ☐ Retain the property and [explain]: Deeded to debtors October 28, securing debt: 1991 (Value taken from Apprasial dated November 2, 2017) Creditor's **Nationstar Mortgage LLC** ☐ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. Yes Retain the property and enter into a

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 57 of 85

	rt G. Annable a M. Annable	Case number (if known)	
Description of property securing debt:	35 Reed St. Marcellus, NY 13108 Onondaga County Deeded to debtors October 28, 1991 (Value taken from Apprasial dated November 2, 2017)	Reaffirmation Agreement. Retain the property and [explain]:	
Creditor's Sa name:	antander Consumer USA	☐ Surrender the property. ☐ Retain the property and redeem it. ■ Retain the property and enter into a	□ No ■ Yes
Description of property securing debt:	2011 Toyota Tundra 175000 miles Titled to debtor 6/12/2017	Reaffirmation Agreement. □ Retain the property and [explain]:	-
Creditor's W name:	estlake Financial Srvs	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	2010 Kia Soul 120000 miles Titled to debtor and debtors daughter on 8/22/2017	 Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: 	■ Yes
in the information	holow Do not list roal astate leases Ur	nexpired leases are leases that are still in effect; the	lease period has not yet ended
You may assume		the trustee does not assume it. 11 U.S.C. § 365(p)(2	
You may assume	an unexpired personal property lease if	the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed?
You may assume Describe your ur	an unexpired personal property lease if nexpired personal property leases	the trustee does not assume it. 11 U.S.C. § 365(p)(2).
You may assume Describe your un Lessor's name: Description of lea Property: Lessor's name:	an unexpired personal property lease if nexpired personal property leases	the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? □ No
You may assume Describe your un Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes
You may assume Describe your un Lessor's name: Description of lea Property: Lessor's name: Description of lea Property: Lessor's name:	an unexpired personal property lease if nexpired personal property leases sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No
You may assume Describe your un Lessor's name: Description of lea Property: Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes
You may assume Describe your un Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No
You may assume Describe your un Lessor's name: Description of lea Property: Lessor's name: Description of lea Property: Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No Yes No Yes
You may assume Describe your un Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No Yes No No No
You may assume Describe your un Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	No
You may assume Describe your un Lessor's name: Description of lea Property: Lessor's name: Lessor's name: Description of lea Property: Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases sed sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	No
You may assume Describe your un Lessor's name: Description of lea Property:	an unexpired personal property lease if nexpired personal property leases sed sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	No

Official Form 108

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 58 of 85

Det	perty that is subject to an unexpired lease. /s/ Robert G. Annable X /s/ Do		
Deb	otor 2	Donna M. Annable	Case number (if known)
	•	of leased	☐ Yes
Par	t 3: S	ign Below	
	•	• • • • •	d my intention about any property of my estate that secures a debt and any personal
	erty tha	at is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal X /s/ Donna M. Annable
prop	erty tha	at is subject to an unexpired lease. beet G. Annable	
prop	/s/ Ro Robe	at is subject to an unexpired lease. beet G. Annable	X /s/ Donna M. Annable

Fill ir	n this infor	mation to identify your case:					irected	I in this form and	in Form
Debt	tor 1	Robert G. Annable		12	22A-1S	upp:			
Debt (Spou	tor 2 se, if filing)	Donna M. Annable			□ 1. T	here is no pres	umptio	n of abuse	
` '		Bankruptcy Court for the: Northern District o	f New York		;	applies will be n	nade u	rmine if a presun nder <i>Chapter 7 l</i>	•
	e number					Calculation (Off	icial Fo	orm 122A-2).	
(if kno	wn)							not apply now be but it could ap	
					☐ Ch	eck if this is a	n ame	ended filing	
Off	icial F	orm 122A - 1							
Ch	apter	7 Statement of Your Cur	rent Mor	nthly Inc	com	е			12/1
attach case i qualif	n a separate number (if l ying militar	and accurate as possible. If two married people as sheet to this form. Include the line number to we known). If you believe that you are exempted from y service, complete and file Statement of Exempted Iculate Your Current Monthly Income	hich the additior n a presumption tion from Presum	nal information of abuse becau	applies use you	. On the top of aid on the top of aid on the top of aid on the top of the top	ny addi narily c	tional pages, write onsumer debts o	e your name and r because of
1.	-	rour marital and filing status? Check one on	ly.						
		arried. Fill out Column A, lines 2-11.							
	_	d and your spouse is filing with you. Fill ou			s 2-11.				
	☐ Marrie	d and your spouse is NOT filing with you.	You and your s	spouse are:					
	_	ng in the same household and are not lega	-						
	per	ng separately or are legally separated. Fill on alty of perjury that you and your spouse are long apart for reasons that do not include evadir	egally separated	d under nonbai	nkrupto	y law that applie	es or th	•	
10 the	1(10A). For e 6 months,	erage monthly income that you received from all example, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 thro sult. Do not inclu	ough Aug ide any i	gust 31. If the amoint m	ount of yore than	our monthly incom	ne varied during le, if both
			· •	, ,	Colui		Debt	omn B tor 2 or filing spouse	
2.		ss wages, salary, tips, bonuses, overtime, ductions).	and commission	ons (before all	\$	4,289.16	\$	2,485.01	
	Column B	and maintenance payments. Do not include is filled in.			\$	0.00	\$	0.00	
4.	of you or from an u and room	nts from any source which are regularly pa your dependents, including child support. nmarried partner, members of your household mates. Include regular contributions from a sp to not include payments you listed on line 3.	Include regular , your depende	contributions nts, parents,	\$	0.00	\$	0.00	
5.	Net incor	ne from operating a business, profession,							
				otor 1					
		eipts (before all deductions)	\$0.00						
	,	and necessary operating expenses	-\$ 0.00	Cany have	Φ.	0.00	¢.	0.00	
_		nly income from a business, profession, or farm	n \$	Copy here ->	>	0.00	\$	0.00	
6.	Net incor	ne from rental and other real property	Deb	otor 1					
	Cross rs	points (hofore all doductions)	\$ 0.00						
		eipts (before all deductions)	-\$ 0.00						
	•	and necessary operating expenses	·	Copy here ->	- \$	0.00	\$	0.00	
		IIV IIIOOTIIC IIOIII ICIIIAI OI UIIICI ICAI DIUDCIIV					*		

Official Form 122A-1

0.00

7. Interest, dividends, and royalties

0.00

ebtor 2	Oonna M. Annable			Case numb	er (<i>if known</i>)			
				Column A Debtor 1		Column E Debtor 2 non-filing	or	
3. Unem	ployment compensation			\$	870.00	\$	0.00	
	t enter the amount if you contend that the amount is security Act. Instead, list it here:	unt received was a ben	efit under					
	you		0.00					
For	your spouse	\$	0.00					
	on or retirement income. Do not include any tunder the Social Security Act.	amount received that w	vas a	\$	0.00	\$	0.00	
Do not receive	te from all other sources not listed above. So t include any benefits received under the Social ed as a victim of a war crime, a crime against he stic terrorism. If necessary, list other sources of elow.	il Security Act or paymonumanity, or internation	ents al or					
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
	late your total current monthly income. Add column. Then add the total for Column A to the		\$	5,159.16	+ \$ _	2,485.01	= \$	7,644.17
							Total o	current monthly e
rt 2:	Determine Whether the Means Test Applies	s to You						
2. Calcul	late your current monthly income for the ye	ar. Follow these steps:						
12a. C	Copy your total current monthly income from lin	e 11		Co _l	oy line 11	here=>	\$	7,644.17
M	fultiply by 12 (the number of months in a year)						X	12
12b. T	he result is your annual income for this part of	the form				12	2b. \$	91,730.04
3. Calcul	late the median family income that applies t	to you. Follow these st	eps:					
Fill in t	the state in which you live.	NY]					
	, , , , , , , , , , , , , , , , , , , ,) 1					
Fill in t	the number of people in your household.	3						
Fill in t	the median family income for your state and size	ze of household.				. 13	3. \$	79,154.00
	d a list of applicable median income amounts, $\mathfrak g$ form. This list may also be available at the ba		specified	in the sepa	rate instru	ctions		
4. How d	lo the lines compare?							
14a.	☐ Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1,	check box	1, There is	no presur	nption of abu	ıse.	
14b.	Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	p of page 1, check box	2, The pre	esumption (of abuse is	determined	by Form 12	22A-2.
rt 3:	Sign Below							
В	by signing here, I declare under penalty of perju	ury that the information	on this sta	atement and	d in any att	achments is	true and c	orrect.
Y	/s/ Robert G. Annable	Y	/s/ Doni	na M. Anr	able			
^	Robert G. Annable	^	Donna	M. Annab	le			
Date	Signature of Debtor 1 March 12, 2018	Date	Signature March 1	e of Debtor 12, 2018	2			
	MM / DD / YYYY		MM / DD					
If	you checked line 14a, do NOT fill out or file Fo	orm 122A-2.						
If	you checked line 14b, fill out Form 122A-2 and	d file it with this form.						

Robert G. Annable

Fill in this information to identify your case:	Check the appropriate box as directed in
Debtor 1 Robert G. Annable	lines 40 or 42:
Debtor 2 Donna M. Annable	According to the calculations required by this Statement:
(Spouse, if filing)	
United States Bankruptcy Court for the: Northern District of New York	■ 1. There is no presumption of abuse.
Case number(if known)	☐ 2. There is a presumption of abuse.
(II KHOWH)	☐ Check if this is an amended filing
Official Form 122A - 2	
Chapter 7 Means Test Calculation	04/16
To fill out this form, you will need your completed copy of Chapter 7 State	ement of Your Current Monthly Income (Official Form 122A-1).
Be as complete and accurate as possible. If two married people are filing t	together, both are equally responsible for being accurate. If more
space is needed, attach a separate sheet to this form, include the line num	
additional pages, write your name and case number (if known).	
Part 1: Determine Your Adjusted Income	
Copy your total current monthly incomeCopy line 1	1 from Official Form 122A-1 here=> \$ 7,644.17
2. Did you fill out Column B in Part 1 of Form 122A-1?	
☐ No. Fill in \$0 for the total on line 3.	
■ Yes. Is your spouse Filing with you?	
☐ No. Go to line 3.	
Yes. Fill in \$0 for the total on line 3.	
3. Adjust your current monthly income by subtracting any part of your household expenses of you or your dependents. Follow these steps:	spouse's income not used to pay for the
On line 11, Column B of Form 122A–1, was any amount of the income yo expenses of you or your dependents?	ou reported for your spouse NOT regularly used for the household
■ No. Fill in 0 for the total on line 3.	
☐ Yes. Fill in the information below:	
State each purpose for which the income was used	Fill in the amount you
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	
	\$
	\$
	\$
Tatal	

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ 7,644.17

Copy total here=>... - \$

0.00

btor 1 btor 2			Case number (if I		
art 2:	Calculate Your Deductions from Your Income				
to a	e Internal Revenue Service (IRS) issues National and I answer the questions in lines 6-15. To find the IRS sta tructions for this form. This information may also be a	ndards, go online usin	g the link specifie	d in the separate	mounts
our	duct the expense amounts set out in lines 6-15 regardless ir actual expenses if they are higher than the standards. Dome in line 3 and do not deduct any operating expenses the	o not deduct any amour	nts that you subtrac	ted fro your spouse	's
f yo	our expenses differ from month to month, enter the averag	ge expense.			
Vhe	enever this part of the from refers to you, it means both yo	ou and your spouse if Co	olumn B of Form 12	22A-1 is filled in.	
5.	The number of people used in determining your ded	luctions from income			
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household.				
Moti	tional Standards You must use the IRS National	al Standards to answer th	ne questions in line	s 6-7.	
6.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and	d other items.		\$	
7.	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional standard or the standard of	d other items. Der of people you entered The people is split int The a higher IRS allowance	d in line 5 and the I o two categoriesp	\$ RS National Standa people who are unde	ards, fill in er 65 and
?.	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additionable who are under 65 years of age	d other items. per of people you entered the people is split into a higher IRS allowance onal amount on line 22.	d in line 5 and the I o two categoriesp	\$ RS National Standa people who are unde	ards, fill in er 65 and
7.	Out-of-pocket health care allowance: Using the number the dollar amount for pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additionable who are under 65 years of age 7a. Out-of-pocket health care allowance per person	d other items. per of people you entered the people is split into a higher IRS allowance onal amount on line 22.	d in line 5 and the I o two categoriesp	\$ RS National Standa people who are unde	ards, fill in er 65 and
	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additionable who are under 65 years of age	d other items. per of people you entered the people is split into a higher IRS allowance onal amount on line 22.	d in line 5 and the I o two categoriesp	\$ RS National Standa people who are unde	ards, fill in er 65 and penses are
?eo	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number should be supposed by the street of the st	d other items. per of people you entered the people is split into a higher IRS allowance onal amount on line 22. \$	d in line 5 and the I o two categoriesp for health care cos	RS National Standa beople who are unde sts. If your actual exp	ards, fill in er 65 and penses are
i. ∕'eo	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number the dollar amount for out-of-pocket health care. The number should be shown as the first of the state of the shown and the shown are the shown and the shown are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	d other items. per of people you entered the people is split into a higher IRS allowance onal amount on line 22. \$	d in line 5 and the I o two categoriesp for health care cos	RS National Standa beople who are unde sts. If your actual exp	ards, fill in er 65 and penses are
?eo	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the second of the	special depth of the state of the state of people you entered the state of people is split into the state of	d in line 5 and the I o two categoriesp for health care cos	RS National Standa beople who are unde sts. If your actual exp	ards, fill in er 65 and penses are
6. 7.	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additionable who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. Ople who are 65 years of age or older 7d. Out-of-pocket health care allowance per person	s 117	d in line 5 and the I o two categoriesp for health care cos	RS National Standa beople who are unde sts. If your actual exp	ards, fill in er 65 and penses are

Robert G. Annable

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 63 of 85

Debtor 1 Debtor 2 Robert G. Annable Case number (if known)

s 8-15
5 0

LUC	ai Ou	andards Tod must use the most botal standards to an	SWEI II	ne questions in in	163 0-13.					
		n information from the IRS, the U.S. Trustee Progran tcy purposes into two parts:	n has c	divided the IRS L	ocal Stand	ard for h	nousing fo	r		
■ F	lousi	ing and utilities - Insurance and operating expenses								
_		ing and utilities - Mortgage or rent expenses								
To a	answ	er the questions in lines 8-9, use the U.S. Trustee Pr	ogram	n chart.						
		ne chart, go online using the link specified in the separate t may also be available at the bankruptcy clerk's office.	e instru	uctions for this for	m.					
8.		ising and utilities - Insurance and operating expense are dollar amount listed for your county for insurance and						\$		557.00
9.	Hou	sing and utilities - Mortgage or rent expenses:								
	9a.	Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses				\$	1,136.	00		
	9b.	Total average monthly payment for all mortgages and o	other d	ebts secured by y	our home.					
		To calculate the total average monthly payment, add all contractually due to each secured creditor in the 60 months for bankruptcy. Then divide by 60.								
		Name of the creditor		rage monthly ment						
		Empower Federal Cred	\$	317.00						
		Nationstar Mortgage LLC	\$	1,103.00						
		Total average monthly payment	\$	1,420.00	Copy here=>	-\$	1,420	0.00	Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) from or rent expense). If this amount is less than \$0, enter \$			\$			opy ere=>	\$	0.00
10.		ou claim that the U.S. Trustee Program's division of t cts the calculation of your monthly expenses, fill in a				ıg is inco	orrect and		\$	0.00

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

 \square 0. Go to line 14.

Explain why:

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 500.00

ebtor 2	Donna M. Annabl	e			Case number	(if known)		
13.		lease expense: Using the IRS Loca expense if you do not make any loar						
Vel	nicle 1 Describe Ve	hicle 1: 2016 Chevrolet Malibu	ı LT Titled	to debtor	7/03/2017			
13a.	Ownership or leasing co	osts using IRS Local Standard			\$	485.00		
13b.	Average monthly paym Do not include costs for	ent for all debts secured by Vehicle released vehicles.	1.					
		e monthly payment here and on line each secured creditor in the 60 more by 60.			at			
	Name of each cre	editor for Vehicle 1	Average payment	monthly				
	Ally Financial		\$	247.50				
		Total Average Monthly Payment	\$	247.50	Copy here =>	-\$247	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownershi Subtract line 13b from I	p or lease expense ine 13a. if this amount is less than \$	0, enter \$0.		\$	237.50	Copy net Vehicle 1 expense here => \$	237.50
	Describe Ve	hicle 2: 2011 Toyota Tundra 1 osts using IRS Local Standard				12/2017 485.00		
		ent for all debts secured by Vehicle				400.00		
	Name of each cre	editor for Vehicle 2	Average payment	monthly				
	Santander Con	sumer USA	\$	396.92				
		Total Average Monthly Payment	\$	396.92	Copy here => -\$ _	396.9	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownershi Subtract line 13e from I	p or lease expense ine 13d. if this amount is less than \$	0, enter \$0.		\$	88.08	Copy net Vehicle 2 expense here => \$	88.08
14.		expense: If you claimed 0 vehicles is allowance regardless of whether you				ards, fill in the	Public \$	0.00
	also deduct a public tra	sportation expense: If you claimed nsportation expense, you may fill in a IRS Local Standard for <i>Public Tran</i>	what you be					0.00

Robert G. Annable

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 65 of 85

Debtor 1 Debtor 2 Ponna M. Annable Case number (if known)

Oth	er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expense the following IRS categories.	s for	
16.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sales, or use taxes.	\$	1,936.00
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	234.96
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$	1.00
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.		
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly amount that you pay for education that is either required:		
	as a condition for your job, or		
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for any elementary or secondary school education.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.	•	0.00
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$	0.00
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.		
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$_	0.00
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	5,079.54

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 66 of 85

Debtor 1	Robert G. Annable		
	Donna M. Annable	Case number (if known)	

Add	itional Expense Deductions These are additional	l deductions	s allowed by th	e Means Test.		
	Note: Do not include	any expen	se allowances	listed in lines 6-24.		
25.	Health insurance, disability insurance, and health insurance, disability insurance, and health savings ac your dependents.				r	
	Health insurance	\$	155.45			
	Disability insurance	\$	0.00			
	Health savings account	+ \$	0.00			
	Total	\$	155.45	Copy total here=>	\$	155.45
	Do you actually spend this total amount?			J		
	□ No. How much do you actually spend? Yes	\$				
00	_ 100	· —				
26.	Continued contributions to the care of household continue to pay for the reasonable and necessary car your household or member of your immediate family vinclude contributions to an account of a qualified ABLI	e and supp who is unab	ort of an elderl ble to pay for su	y, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
27.	Protection against family violence. The reasonably safety of you and your family under the Family Violence.					
	By law, the court must keep the nature of these exper	nses confid	ential.		\$	0.00
28.	Additional home energy costs. Your home energy cline 8.	costs are in	cluded in your	insurance and operating expenses on		
	If you believe that you have home energy costs that a 8, then fill in the excess amount of home energy costs		an the home er	nergy costs included in expenses on line		
	You must give your case trustee documentation of yo amount claimed is reasonable and necessary.	ur actual ex	rpenses, and y	ou must show that the additional	\$	0.00
29.	Education expenses for dependent children who a \$160.42* per child) that you pay for your dependent c public elementary or secondary school.					
	You must give your case trustee documentation of yo claimed is reasonable and necessary and not already					
	* Subject to adjustment on 4/01/19, and every 3 years	after that f	or cases begu	n on or after the date of adjustment.	\$	0.00
30.	Additional food and clothing expense. The monthly higher than the combined food and clothing allowance than 5% of the food and clothing allowances in the IR	es in the IR	S National Star	ctual food and clothing expenses are ndards. That amount cannot be more		
	To find a chart showing the maximum additional allow instructions for this form. This chart may also be available.					
	You must show that the additional amount claimed is	reasonable	and necessar	y.	\$	0.00
31.	Continuing charitable contributions. The amount the instruments to a religious or charitable organization. 2			ntribute in the form of cash or financial	+\$	25.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.				\$	180.45

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 67 of 85

Debtor 1 Debtor 2 Robert G. Annable Case number (if known)

Dedu	ctions for Debt Payment					
	or debts that are secured by an interes ans, and other secured debt, fill in line	t in property that you own, including home is 33a through 33e.	morto	gages, vehicle		
To cre	o calculate the total average monthly payleditor in the 60 months after you file for b	ment, add all amounts that are contractually du ankruptcy. Then divide by 60.	e to e	each secured		
	Mortgages on your home:					erage monthly yment
33a.	Copy line 9b here			=	> \$	1,420.00
	Loans on your first two vehicles:					
33b.	Copy line 13b here			=	> \$_	247.50
33c.					> \$	396.92
33d.	List other secured debts:					
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes of insurance?		
		2010 Kia Soul 120000 miles		■ No		
	Westlake Financial Srvs	Titled to debtor and debtors daught on 8/22/2017	ter	□ Yes	\$	106.43
-		011 0/22/2017			a -	
				□ No		
=				_	\$_	
				□ No		
				□ Yes	+\$	
-					τΨ_ 1	
					Сору	
33e.	Total average monthly payment. Add line	es 33a through 33d	\$	2,170.85	total here=>	\$2,170.85
		ecured by your primary residence, a vehicle port or the support of your dependents?) ,			
	No. Go to line 35.					
		pay to a creditor, in addition to the payments ion of your property (called the <i>cure amount</i>). Information below.				
Name	e of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
Ally	Financial	2016 Chevrolet Malibu LT Titled to debtor 7/03/2017	\$	594.00 _÷	-60 = \$	9.90
Nati	onstar Mortgage LLC	35 Reed St. Marcellus, NY 13108 Onondaga County Deeded to debtors October 28, 1991 (Value taken from Apprasial dated November 2, 2017)	\$; 11,000.00 _÷	· 60 = \$	183.33
			\$	÷	· 60 = +\$	
]	
					Copy	
		Total	\$	193.23	here=>	\$ 193.2

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 68 of 85

Debtor 1 Debtor 2		ert G. Annable na M. Annable	Case number (if known)		
	•	owe any priority claims such as a priority tax, child support, or alimonydue as of the filing date of your bankruptcy case? 11 U.S.C. § 507.	that			
	No.	Go to line 36.				
	Yes.	Fill in the total amount of all of these priority claims. Do not include current o ongoing priority claims, such as those you listed in line 19.	ır			
		Total amount of all past-due priority claims	\$	0.00	÷ 60 = \$	0.00

Debtor 1 Debtor 2		ert G. Annable na M. Annable		Cas	se number (<i>if known</i>))	
Fo	r more	eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available	cs specif				
	No.	Go to line 37.					
	Yes.	Fill in the following information.					
		Projected monthly plan payment if you were filing under	Chapter	13	\$		
		Current multiplier for your district as stated on the list iss Administrative Office of the United States Courts (for dis and North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in A	Alabama	x		
		To find a list of district multipliers that includes your district the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Co	py total
		Average monthly administrative expense if you were filing	ng under	Chapter 13	\$	her	re=> \$
		of the deductions for debt payment. s 33e through 36.					\$\$
Total I	Deduc	tions from Income					
38. A d	ld all o	of the allowed deductions.					
		e 24, All of the expenses allowed under IRS e allowances	\$	5,079.54	<u>.</u>		
С	opy lin	e 32, All of the additional expense deductions	\$	180.45	5		
С	opy lin	e 37, All of the deductions for debt payment	+\$	2,364.08	<u>3</u>		
		Total deductions	\$	7,624.07	Copy total	here	=> \$7,624.07
Part 3:	Det	ermine Whether There is a Presumption of Abuse					
39. Ca	lculate	e monthly disposable income for 60 months					
3	9a. Co	py line 4, adjusted current monthly income	\$	7,644.17	7		
3	9b. Co	py line 38, Total deductions	-\$	7,624.07	<u>,</u>		
3		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	20.10	Copy here=>\$		20.10
F	or the	next 60 months (5 years)				x 60	
3	9d. To	tal. Multiply line 39c by 60	39	d. \$	1,206.00	Copy here=>	\$1,206.00
40. Fi r	nd out	whether there is a presumption of abuse. Check the b	oox that a	applies:		J	
	The I	ine 39d is less than \$7,700*. On the top of page 1 of thi	s form, c	heck box 1, The	ere is no presu	ımption of a	abuse. Go to Part 5.
		ine 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form	, check box 2,	There is a pres	umption of	abuse. You may fill out
	The I	ine 39d is at least \$7,700*, but not more than \$12,850	*. Go to I	ine 41.			
	نام ما ما	to adjustment on 4/01/19, and every 3 years after that for	cacac fi	lad on ar after t	ha data of adii	ictmont	

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 70 of 85

ebtor 1 ebtor 2		ert G. Annable na M. Annable	Cas	e number (<i>if</i>	known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on the	Information	\$x	.25	7	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707 Multiply line 41a by 0.25		\$		Copy here=>	\$
25	% of y	ne whether the income you have left over after subtracting all your unsecured, nonpriority debt. le box that applies:		ctions is	enough to pa	_ ay	
_	Go to	39d is less than line 41b. On the top of page 1 of this form, check part 5.				buse.	
Ц		39d is equal to or more than line 41b. On the top of page 1 of th <i>umption of abuse.</i> You may fill out Part 4 if you claim special circun					
Part 4:	Giv	ve Details About Special Circumstances					
_	es. Fil ite Yo	to to Part 5. I in the following information. All figures should reflect your average m. You may include expenses you listed in line 25. The property of the special circumstances the cost of the special circumstances and cost of the special circumstances are cost of the special circumstances.	at make the ex	penses o	r income adju	stments	
	G	Sive a detailed explanation of the special circumstances			onthly expens adjustment	se	
			\$	i			
			\$;			
			 \$				
	_		·				
Part 5:	Sic	gn Below	Ψ	·			
	_	gning here, I declare under penalty of perjury that the information of	on this stateme	nt and in	any attachme	nts is true	and correct.
			/s/ Donna M.				
			Donna M. Ar		IG.		
	Si	gnature of Debtor 1	Signature of D	ebtor 2			
Da	te Ma	arch 12, 2018 Date	March 12, 20 MM / DD / YY)18 YY			

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 71 of 85

Debtor 1
Debtor 2
Debtor 2
Donna M. Annable
Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2017 to 02/28/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: O'Brien & Gere Inc. of North America

Income by Month:

6 Months Ago:	09/2017	\$7,012.50
5 Months Ago:	10/2017	\$8,680.56
4 Months Ago:	11/2017	\$6,410.70
3 Months Ago:	12/2017	\$3,631.20
2 Months Ago:	01/2018	\$0.00
Last Month:	02/2018	\$0.00
	Average per month:	\$4,289.16

Line 8 - Unemployment compensation (included in CMI)

Source of Income: NYS unemployment

Income by Month:

6 Months Ago:	09/2017	\$0.00
5 Months Ago:	10/2017	\$0.00
4 Months Ago:	11/2017	\$0.00
3 Months Ago:	12/2017	\$1,740.00
2 Months Ago:	01/2018	\$1,740.00
Last Month:	02/2018	\$1,740.00
	Average per month:	\$870.00

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 72 of 85

Debtor 1
Debtor 2
Debtor 3
Debtor 4
Debtor 5
Donna M. Annable
Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 09/01/2017 to 02/28/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Medical Registry of CNY

Income by Month:

6 Months Ago:	09/2017	\$2,814.25
5 Months Ago:	10/2017	\$1,947.00
4 Months Ago:	11/2017	\$0.00
3 Months Ago:	12/2017	\$0.00
2 Months Ago:	01/2018	\$0.00
Last Month:	02/2018	\$0.00
	Average per month:	\$793.54

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: West Genesee Central School District

Income by Month:

6 Months Ago:	09/2017	\$0.00
5 Months Ago:	10/2017	\$0.00
4 Months Ago:	11/2017	\$3,005.96
3 Months Ago:	12/2017	\$2,380.96
2 Months Ago:	01/2018	\$2,380.96
Last Month:	02/2018	\$2,380.96
	Average per month:	\$1,691.47

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 77 of 85

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of New York

In	Robert G. Annable re Donna M. Annable		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENS	SATION OF ATTOI	RNEY FOR DE	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of the debtor (s).	, I certify that I am the attorn	ey for the above nan or agreed to be paid	ned debtor(s) and that to me, for services re	
	For legal services, I have agreed to accept		\$	975.00	
	Prior to the filing of this statement I have received			975.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compen	sation with any other person	unless they are mem	bers and associates of	f my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				aw firm. A
5.	In return for the above-disclosed fee, I have agreed to rend	er legal service for all aspect	s of the bankruptcy o	ease, including:	
	a. [Other provisions as needed] Preparation and filing of Re-Affirmation ag	greements			
б.	By agreement with the debtor(s), the above-disclosed fee d Preparation and filing of motion pursuant Representation of the debtors in any disch proceeding.	to 11 USC Section 522(f)	for avoidance of		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any a s bankruptcy proceeding.	greement or arrangement for	payment to me for r	epresentation of the d	ebtor(s) in
	March 12, 2018	/s/ Peter C Schae	fer, Esq.		
	Date	Peter C Schaefer Signature of Attorne Peter C. Schaefer 313 East Willow S Suite 105 Syracuse, NY 132	r, Esq. Street	≀ York	
		Name of law firm			
		name of iaw firm			

Case 18-30280-5-mcr Doc 1 Filed 03/12/18 Entered 03/12/18 17:19:42 Desc Main Document Page 78 of 85

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

In re	Robert G. Annable Donna M. Annable	,	
	Debtor	Case No.	
	Security No(s). and all Employer's Tax Ident	Chapter 7 ification No(s). [if any]	
	CERTIFICATION	OF MAILING MATRIX	
	$I,\!(we),\!\underline{ \text{Peter C Schaefer, Esq. 510900 New York}}$, the attorney for the debtor/petitioner (or, if appropri	ate,
the del	otor(s) or petitioner(s)) hereby certify under the	e penalties of perjury that the above/attached mailing	
matrix	has been compared to and contains the names	, addresses and zip codes of all persons and entities, a	s they
appear	on the schedules of liabilities/list of creditors.	list of equity security holders, or any amendment ther	eto
filed h	erewith.		
Dated	· March 12, 2018		
		/s/ Peter C Schaefer, Esq.	
		Peter C Schaefer, Esq. 510900 New York	
		Attorney for Debtor/Petitioner (Debtor(s)/Petitioner(s))	

Acmg Federal Credit Un Acct No xxxxxxxxx0082 1753 Milton Ave Solvay, NY 13209

Acmg Federal Credit Un Acct No xxxxxxxxxxxx8374 1753 Milton Ave Solvay, NY 13209

Acmg Federal Credit Un Acct No xxxxxxxxxxx0458 1753 Milton Ave Solvay, NY 13209

Acmg Federal Credit Un Acct No xxxxxxxxxxx2182 1753 Milton Ave Solvay, NY 13209

Ally Financial Acct No xxxxxxx7236 Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Ally Financial Acct No xxxxxxxx7212 Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Ally Financial Acct No xxxxxxx3486 Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Americu Credit Union Acct No xxxxxx0001 1916 Black River Blvd N Rome, NY 13440

Associated Medical Professionals Acct No xx4435 1226 Water St. Syracuse, NY 13210 AT&T Mobility Acct No xxxxxxxx4286 P.O. Box 537104 Atlanta, GA 30353-7104

Capital One Acct No xxxxxxxxxxx7054 Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cavalry Portfolio Services Acct No xxxx8493 Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595

CBE Group
Acct No xxxxxxxxxxx0001
1309 Technology Pkwy.
Cedar Falls, IA 50613

Cbusasears Acct No xxxx4402 Po Box 6282 Sioux Falls, SD 57117

CNY Diagnostic Imaging Hill Medical Acct No xxx1022 1000 East Genesee St., Ste. 100 Syracuse, NY 13210-1853

Comenity Bank/fashbug Acct No xxxxxxxxxxx5978 Po Box 182789 Columbus, OH 43218

Comenity Bank/Lane Bryant Acct No xxxxxxxxxxxx1491 Po Box 182125 Columbus, OH 43218

Comenity Bank/Lane Bryant Acct No xxxxx xxxx4680 Po Box 182125 Columbus, OH 43218

Comenity Bank/Lane Bryant Acct No xxxxxxxxxxxx1491 Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/maurices Acct No xxxxxx2995 Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Convergent Outsourcing, Inc. Acct No x-xxxx6852 800 SW 39th St. PO Box 9004 Renton, WA 98057

Credence Resource Management LLC Acct No xxxxx7587 PO Box 2390 Southgate, MI 48195

Credit Collection Services
Acct No xx xxxx xxxx xxx-xxx6992Two Wells Avenue, Dept. 9135
Newton Center, MA 02459

Direct TV Acct No xxxx4238 PO Box 11732 Newark, NJ 07101

Empower FCU Acct No xxxx4165 300 Erie Blvd W Syracuse, NY 13202

Empower Federal Cred Acct No xxxxx0143

Empower Federal Cred Acct No xxxx4150

Family Care Medical Group Acct No xxx3861 101 West Fayette Street Syracuse, NY 13204

Five Star Bank Acct No xxxxxx9970 100 Chestnut St Rochester, NY 14604

Hsbc Mortgage Corp Usa Acct No xxxxxx7189 Attn: Bankruptcy Po Box 9068 Brandon, FL 33509

IC System, Inc.
Acct No xxxxx8102
PO Box 64886
Saint Paul, MN 55164-0886

Kay Jewelers/genesis Acct No xxxxxxxxxxx3181 15220 Nw Greenbrier, Ste Beaverton, OR 97006

Nationstar Mortgage LLC Acct No xxxxx3162 350 Highland Dr Lewisville, TX 75067

New Hampshire Higher Ed/Granite State Mg Acct No xxxxxxxxxx7374 Attn: Bnakruptcy 4 Barrell Court Concord, NH 03301

New Hampshire Higher Ed/Granite State Mg Acct No xxxxxxxxxx8674 Attn: Bnakruptcy 4 Barrell Court Concord, NH 03301

NYSEG Acct No xxxx-xxx5-502 PO Box 9262 Chelsea, MA 02150-9262 OCWA
Acct No xx8383
200 Northern Concourse
PO Box 4949
Syracuse, NY 13221-4949

Phh Mortgage Service Acct No xxxxxxxxx2335 1 Mortgage Way Mount Laurel, NJ 08054

Portfolio Recovery Acct No xxxxxxxxxxxxxx1491 Po Box 41067 Norfolk, VA 23541

Portfolio Recovery Acct No xxxxxxxxxxxxxx6899 Po Box 41067 Norfolk, VA 23541

Portfolio Recovery Acct No xxxxxxxxxxxxxxx0419 Po Box 41067 Norfolk, VA 23541

Progressive Insurance, PO Acct No xxxxx4893 PO Box 30108 Tampa, FL 33630-3108

Radio Shack/Citibank Acct No xxxxxxxxxxx6419 Citicorp/Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63179

Raymour & Flanigan Acct No xxxxxxxxxxxx3711 Attn: Legal Dept 7248 Morgan Rd Liverpool, NY 13088

Santander Consumer USA Acct No xxxxxxxxxxxx1000 Po Box 961245 Ft Worth, TX 76161 Santander Consumer USA Acct No xxxxxx1926 Attn: Bankruptcy center PO Boc 560284 Dallas, TX 75356

Simons Agency Inc Acct No xxx4671 4963 Wintersweet Dr Liverpool, NY 13088

Simons Agency Inc Acct No xx3951 4963 Wintersweet Dr Liverpool, NY 13088

Syncb/Lord & Taylor Acct No xx6794 Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Acct No xxxxxxxx8687 Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Acct No xxxxxxxxxx7084 Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Acct No xxxxxxxx3037 Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Verizon Acct No xxxxxxxxxx0001 Attn: Wireless Bankrupty Admin 500 Technology Dr Ste 500 Weldon Springs, MO 63304 Wells Fargo Dealer Services Acct No xxxxxxxx4441 Attn: Bankruptcy Po Box 19657 Irvine, CA 92623

Westlake Financial Srvs Acct No xxxx3848 Customer Care Po Box 76809 Los Angeles, CA 90054

Windstream
Acct No xxxxx2354
PO Box 9001908
Louisville, KY 40290-1908